

2023 Medicare Advantage Plans certified in Champaign County

Prepared by SUAA - UIUC Chapter

10/24/2022

Sources: <https://www.medicare.gov/plan-compare> and Aetna's "Benefit Details" pages for the 3 TRAIL plans.

Disclaimer: Please double check data before choosing a plan, there may have been errors on the website or in transcription

In particular, you must check your prescription drug costs and costs for any dependents covered.

Plan name	Star rating	Cost /month for member	Deductible		Maximum out of pocket cost		Includes									Copays (\$) & Coinsurances (%)							Copays (\$) & Coinsurances (%)	
			Medical	Drug	In-network Medical	Out of network Medical	Vision	Dental	Hearing	Transportation	Fitness	Worldwide emergency	Telehealth	OTC drugs	In-home	Primary doctor visit	Specialist visit	Diagnostic tests & services	Lab services	Diagnostic Radiology	Outpatient X-rays	Emergency Care	Urgent Care	Inpatient In Network
Aetna TRAIL - State	3.5	\$0.00	\$110	\$125	\$1,300	?	Y	N	Y	Y	Y	?	Y	Y	Y	15%	15%	0%	0%	15%	15%	\$120	?	15%
Aetna TRAIL - College	3.5	\$6.26	\$250	\$125	\$1,100	?	Y	N	Y	Y	Y	?	Y	Y	Y	20%	20%	0%	0%	20%	20%	\$120	?	20%
Aetna TRAIL - Teachers	3.5	\$2.06	\$250	?	\$1,100	?	Y	N	Y	Y	Y	?	Y	Y	Y	20%	20%	0%	0%	20%	20%	\$120	?	20%
HumanaChoice R5361-002 (Regional PPO)	4	\$96	\$198	\$505	\$6,700	\$10,000	N	Y	Y	N	Y	Y	Y	Y	Y	20%	20%	\$0 or 20%	\$0 or 20%	\$0 or 20%	20%	\$95	20%	\$450/day for days 1-4, \$0/day for days 5 and beyond
Humana Honor (Regional PPO)	4	\$0	0	-	\$4,900	\$8,950	Y	Y	Y	N	Y	Y	Y	Y	N	20%	20%	\$0 or 20%	\$0 or 20%	\$0 or 20%	20%	\$95	20%	\$450/day for days 1-4, \$0/day for days 5 and beyond
HumanaChoice H5525-068	4	\$0	\$0	\$250	\$4,200	\$6,300	Y	Y	Y	N	Y	Y	Y	Y	N	\$0 (50% out of network)	\$40 (50% out of network)	\$0-85 (50% out of network)	\$0-35 (50% out of network)	\$0-400 (50% out of network)	\$0-85 (50% out of network)	\$110	\$25	\$400/day for days 1-4, \$0/day for days 5 and beyond
Wellcare No Premium Open	2	\$0	\$0	\$0	\$3,450	\$5,150	Y	Y	Y	Y	Y	Y	Y	Y	N	\$0 (30% out of network)	\$30 (30% out of network)	\$0-75 (30% out of network)	\$0 (30% out of network)	\$0-300 (30% out of network)	\$0 (30% out of network)	\$125	\$0	\$350/day for days 1-6, \$0/day for days 7-90
Wellcare Giveback Open	2	\$0	\$0	\$0	\$3,450	\$5,150	Y	Y	Y	N	Y	Y	Y	Y	Y	\$0 (out of network: 40%)	\$50 (out of network: 40%)	\$0-100 (out of network: 40%)	\$0 (out of network: 40%)	\$0-325 (out of network: 40%)	\$0 (out of network: 40%)	\$125	\$0	\$375/day for days 1-6, \$0/day for days 7-90

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Plan name	Star rating	Cost /month for member	Deductible		Maximum out of pocket cost		Includes									Copays (\$) & Coinsurances (%)							Copays (\$) & Coinsurances (%)	
			Medical	Drug	In-network Medical	Out of network Medical	Vision	Dental	Hearing	Transportation	Fitness	Worldwide emergency	Telehealth	OTC drugs	In-home	Primary doctor visit	Specialist visit	Diagnostic tests & services	Lab services	Diagnostic Radiology	Outpatient X-rays	Emergency Care	Urgent Care	Inpatient In Network
Health Alliance Medicare POS Basic Rx	4	\$53	\$0	\$0	\$6,700	\$11,300	Y	Y	Y	N	Y	Y	Y	Y	Y	\$15 (\$50 out of network)	\$50 (\$65 out of network)	\$40 (\$50 out of network)	\$50	\$0-40 (\$50 out of network)	\$50	\$95	\$60	\$450/day for days 1-4, \$0/day for days 5-90
Simplete 3 (Health Alliance)	4	\$48	\$0	\$0	\$4,950	\$6,700	Y	Y	Y	N	Y	Y	Y	Y	Y	\$5-25 (\$50 out of network)	\$25-40 (\$50 out of network)	\$10-25 (\$50 out of network)	\$0-25 (\$50 out of network)	\$50-150 (30% out of network)	\$10 copay or 20% (30% out of network)	\$110	\$40	\$250 per day for days 1 through 8, \$0 per day for days 9 through 90
Wellcare No Premium	2.5	\$0	\$0	\$0	\$3,450	\$3,450	Y	Y	Y	Y	Y	Y	Y	Y	Y	\$0 (40% out of network)	\$20 (40% out of network)	\$0-50 (40% out of network)	\$0 (40% out of network)	\$0-250 (40% out of network)	\$0 (40% out of network)	\$125	\$0	\$275/day for days 1-8, \$0/day for days 9-90
Health Alliance Medicare POS 30 Rx	4	\$105	\$0	\$0	\$5,500	\$8,950	Y	Y	Y	N	Y	Y	Y	Y	Y	\$15 (\$50 out of network)	\$15 (\$50 out of network)	\$40 (\$50 out of network)	\$0-40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$110	\$40	\$350/day for days 1-5, \$0/day for days 6-90
Health Alliance Medicare POS 10 Rx	4	\$165	\$0	\$0	\$4,500	\$5,750	Y	Y	Y	N	Y	Y	Y	Y	Y	\$20 (\$40 out of network)	\$30 (\$40 out of network)	\$0 (\$30 out of network)	\$0 (\$30 out of network)	\$0 (\$30 out of network)	\$0 (\$30 out of network)	\$110	\$30	\$250/day for days 1-8, \$0/day for days 9-90
Health Alliance Medicare POS Basic	4	\$23	\$0	-	\$6,700	\$11,300	Y	Y	Y	N	Y	Y	Y	Y	Y	\$35 (\$50 out of network)	\$50 (\$65 out of network)	\$40 (\$50 out of network)	\$0-40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$95	\$60	\$450/day for days 1-4, \$0/day for days 5-90

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Plan name	Star rating	Cost /month for member	Deductible		Maximum out of pocket cost		Includes								Copays (\$) & Coinsurances (%)							Copays (\$) & Coinsurances (%)		
			Medical	Drug	In-network Medical	Out of network Medical	Vision	Dental	Hearing	Transportation	Fitness	Worldwide emergency	Telehealth	OTC drugs	In-home	Primary doctor visit	Specialist visit	Diagnostic tests & services	Lab services	Diagnostic Radiology	Outpatient X-rays	Emergency Care	Urgent Care	Inpatient In Network
Health Alliance Medicare HMO Basic Rx	4	\$33	\$0	\$0	\$6,700	-	Y	Y	Y	N	Y	Y	Y	Y	Y	\$5	\$45	\$20	\$0-20	\$150	20%	\$95	\$60	\$300/day for 6 days
Simplete 1 (HMO) (Health Alliance)	4	\$0	\$0	\$0	\$4,000	-	Y	Y	Y	N	Y	Y	Y	Y	Y	\$0	\$25	\$15	\$0-15	\$50	\$10	\$110	\$40	\$250 per day for days 1 through 8, \$0 per day for days 9 through 90
Health Alliance Medicare 20 Rx (HMO)	4	\$125	\$0	\$0	\$4,000	-	Y	Y	Y	N	Y	Y	Y	Y	Y	\$20	\$40	\$10	\$0-10	\$5	\$0	\$110	\$25	\$250/day for days 1-7, \$0/day for days 8-90
Simplete 2 (HMO) (Health Alliance)	4	\$28	\$0	\$0	\$4,950	-	Y	Y	Y	N	Y	Y	Y	Y	Y	\$5-20	\$25-40	\$10 or 20%	\$0-10 or 20%	\$50-150	\$10 copay or 20%	\$110	\$40	\$250 per day for days 1 through 8, \$0 per day for days 9 through 90
Health Alliance Medicare 40 Rx (HMO)	4	\$75	\$0	\$0	\$4,700	\$11,300	Y	Y	Y	N	Y	Y	Y	Y	Y	\$10	\$40	\$15	\$0-15	\$150	\$10	\$110	\$40	\$275/day for days 1-7, \$0/day for days 8-90
Health Alliance Medicare HMO Basic (HMO)	4	\$165	\$0	\$0	\$4,500	\$5,750	Y	Y	Y	N	Y	Y	Y	Y	Y	\$20 (\$40 out of network)	\$30 (\$40 out of network)	\$0 (\$30 out of network)	\$0 (\$30 out of network)	\$0 (\$30 out of network)	\$0 (\$30 out of network)	\$110	\$30	\$250/day for days 1-8, \$0/day for days 8-90

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Plan name	Star rating	Cost /month for member	Deductible		Maximum out of pocket cost		Includes								Copays (\$) & Coinsurances (%)							Copays (\$) & Coinsurances (%)		
			Medical	Drug	In-network Medical	Out of network Medical	Vision	Dental	Hearing	Transportation	Fitness	Worldwide emergency	Telehealth	OTC drugs	In-home	Primary doctor visit	Specialist visit	Diagnostic tests & services	Lab services	Diagnostic Radiology	Outpatient X-rays	Emergency Care	Urgent Care	Inpatient
																								In Network
Health Alliance Medicare HMO Classic Rx (HMO)	4	\$0	\$0	\$100	\$8,300	-	Y	Y	Y	N	Y	Y	Y	Y	Y	\$35	\$50	\$40	\$0-40	\$250	20%	\$95/td>	\$60	\$300/day for days 1-6, \$0/day for days 7-90
Wellcare No Premium Essential (HMO)	2.5	\$0	\$0	\$0	\$3,450	-	Y	Y	Y	Y	N	Y	Y	Y	N	\$0	\$30	\$0-100	\$0	\$0-250	\$0	\$125	\$0	\$250/day for days 1-9, \$0/day for days 10-90
Wellcare Assist (HMO)	2.5	\$10.40	\$0	\$505	\$3,450	-	Y	Y	Y	Y	Y	Y	Y	Y	N	\$0	\$20	\$0-20	\$0	\$0-200	\$0	\$125	\$0	\$225/day for days 1-8, \$0/day for days 9-90
Wellcare Assist Compass (HMO)	2.5	\$13.40	\$0	\$505	\$3,450	-	Y	Y	Y	Y	Y	Y	Y	Y	N	\$0	\$20	\$0-20	\$0	\$0-200	\$0	\$125	\$0	\$225/day for days 1-7, \$0/day for days 8-90

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Sources:

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Plan name	& Coinsurances (%)					Copays (\$) & Coinsurances (%)								
	Inpatient Hospital	Outpatient Hospital	Skilled Nursing		Preventative services	Ground ambulance	Occupational therapy	Physical therapy & speech language therapy	Outpatient group therapy with psychiatrist	Outpatient individual therapy with psychiatrist	Outpatient Group Therapy visit	Outpatient individual therapy visit	Opioid addiction therapy	
	Out of Network		In Network	Out of Network										
PPO plans														
Aetna TRAIL - State	?	15%	\$0	?	?	\$0	?	?	?	?	?	?	?	?
Aetna TRAIL - College	?	20%	\$0	?	?	\$0	?	?	?	?	?	?	?	?
Aetna TRAIL - Teachers	?	20%	\$0	?	?	\$0	?	?	?	?	?	?	?	?
HumanaChoice R5361-002 (Regional PPO)	20%	\$0 or 20%	\$0 per day for days 1-20, \$184/day for days 21-100	-	\$0	20%	20%	20%	20%	20%	20%/td>	20%	20%	20%
Humana Honor (Regional PPO)	20%	\$0 or 20%	\$0 per day for days 1-20, \$184/day for days 21-100	-	\$0	20%	20%	20%	20%	20%	20%/td>	20%	20%	20%
HumanaChoice H5525-068	50%	\$0-400 (50% out of network)	\$0 per day for days 1-20, \$196/day for days 21-100	50%	\$0 (out of network \$0 or 50%)	\$290	\$40 (50% out of network)	\$40 (50% out of network)	40% (50% out of network)	40 (50% out of network)	\$40 (50% out of network)	\$40 (50% out of network)	\$40-85 (50% out of network)	
Wellcare No Premium Open	30%	\$300 (30% out of network)	\$0 per day for days 1-20, \$196/day for days 21-40, \$0 for days 41-100 (out of network: 30%)		\$0	\$280	\$30 (30% out of network)	\$30 (30% out of network)	\$40 (30% out of network)	\$40 (30% out of network)	\$40 (30% out of network)	\$40 (30% out of network)	\$30 (30% out of network)	
Wellcare Giveback Open	20% for days 1-90	\$325 (out of network: 40%)	\$0 per day for days 1-20, \$196/day for days 21-40, \$0 for days 41-100	20% for days 1-100	\$0	\$280	20% (40% out of network)	20% (40% out of network)	\$40 (40% out of network)	\$40 (40% out of network)	\$40 (40% out of network)	\$40 (40% out of network)	\$50 (40% out of network)	

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	Inpatient Hospital	Outpatient Hospital	Skilled Nursing		Preventative services	Ground ambulance	Occupational therapy	Physical therapy & speech language therapy	Outpatient group therapy with psychiatrist	Outpatient individual therapy with psychiatrist	Outpatient Group Therapy visit	Outpatient individual therapy visit	Opioid addiction therapy
	Out of Network		In Network	Out of Network									
Health Alliance Medicare POS Basic Rx	\$600/day for days 1-6, \$0/day for days 7-90	25%	\$0 per day for days 1-20, \$196/day for days 21-100	\$100/day for days 1-20, \$200/day for days 21-100	\$0	\$350	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40(\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$50 (\$65 out of network)
Simplete 3 (Health Alliance)	\$600 per day for days 1 through 4, \$0 per day for days 5 through 90	\$200 or 25% coinsurance (50% out of network)	\$0 per day for days 1-20, \$196 per day for days 21-100	\$100 per day for days 1-20, \$200 per day for days 21-100	\$0 (\$50 out of network)	\$250	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$25-\$40 (\$50 out of network)
Wellcare No Premium	40%	\$250 (40% out of network)	\$0 per day for days 1-20, \$196/day for days 21-100	40%	\$0 (40% out of network)	\$225 (40% out of network)	\$20 (40% out of network)	\$20 (40% out of network)	\$40 (40% out of network)	\$40 (40% out of network)	\$40 (40% out of network)	\$40 (40% out of network)	\$20 (40% out of network)
Health Alliance Medicare POS 30 Rx	\$375/day for days 1-8, \$0/day for days 9-60, \$200/day for days 61-90	\$325 (\$375 out of network)	\$0 per day for days 1-20, \$196/day for days 21-100	\$200/day for days 1-20, \$400/day for days 21-100	\$0	\$275	\$20 (\$50 out of network)	\$20 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$45 (\$50 out of network)
Health Alliance Medicare POS 10 Rx	25%	\$275 (\$325 out of network)	\$0 per day for days 1-20, \$196/day for days 21-100	\$85/day for days 1-20, \$225/day for days 21-100	\$0 (\$30 out of network)	\$275	\$20 (\$30 out of network)	\$20 (\$30 out of network)	\$30 (\$40 out of network)	\$30 (\$40 out of network)	\$30 (\$40 out of network)	\$30 (\$40 out of network)	\$30 (\$40 out of network)
Health Alliance Medicare POS Basic	\$600/day for days 1-6, \$0 for days 7-90	25%	\$0 per day for days 1-20, \$196/day for days 21-100	\$100/day for days 1-20, \$200/day for days 21-100	\$0	\$350	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$40 (\$50 out of network)	\$50 (\$65 out of network)

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Plan name	& Coinsurances (%)				Copays (\$) & Coinsurances (%)								
	Hospital		Skilled Nursing		Preventative services	Ground ambulance	Occupational therapy	Physical therapy & speech language therapy	Outpatient group therapy with psychiatrist	Outpatient individual therapy with psychiatrist	Outpatient Group Therapy visit	Outpatient individual therapy visit	Opioid addiction therapy
	Out of Network	Outpatient Hospital	In Network	Out of Network									
Health Alliance Medicare HMO Classic Rx (HMO)	-	25%	\$0 per day for days 1-20, \$196/day for days 21-100	-	\$0	\$400	\$40	\$40	\$40	\$40	\$40	\$40	\$50
Wellcare No Premium Essential (HMO)	-	\$250	\$0 per day for days 1-20, \$196/day for days 21-40, \$0 for days 41-100	-	\$0	\$300	\$30	\$30	\$40	\$40	\$40	\$40	\$30
Wellcare Assist (HMO)	-	\$200	\$0 per day for days 1-20, \$196/day for days 21-40, \$0 for days 41-100	-	\$0	\$300	\$20	\$20	\$40	\$40	\$40	\$40	\$20
Wellcare Assist Compass (HMO)	-	\$200	\$0 per day for days 1-20, \$196/day for days 21-40, \$0 for days 41-100	-	\$0	\$250	\$20	\$20	\$40	\$40	\$40	\$40	\$20