

Medicare Advantage Plans in Wisconsin

November 2009

For more information on health insurance call:
MEDIGAP HELPLINE
1-800-242-1060

This is a statewide toll-free number set up by the Wisconsin Board on Aging and Long Term Care and funded by the Office of the Commissioner of Insurance to answer questions about health insurance and other health care benefits for the elderly. It has no connection with any insurance company.



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State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

OCI's World Wide Web Home Page:
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Mailing Address

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Electronic Mail

ocicomplaints@wisconsin.gov

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For your convenience, a copy of [OCI's complaint form](#) is available at the back of this booklet. A copy of OCI's complaint form is also available on OCI's Web site. You can print it, complete it, and return it to the above mailing address.

A list of [OCI's publications](#) is included at the back of this booklet. Copies of OCI publications are also available online on OCI's Web site.

**Deaf, hearing, or speech impaired callers may
reach OCI through WI TRS**

This guide is not a legal analysis of your rights under any insurance policy or government program. Your insurance policy, program rules, Wisconsin law, federal law, and court decisions establish your rights. You may want to consult an attorney for legal guidance about your specific rights.

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Introduction to Medicare Advantage Plans

This booklet provides basic information to persons age 65 and over, and some disabled individuals under age 65, about the Medicare Advantage (formerly called Medicare+Choice, and also referred to as Part C of Medicare) program. The Medicare Advantage program was enacted in 1997 to foster a Medicare program that relies on health maintenance organizations, managed care plans, and private fee-for-service plans to lower the costs of the Medicare program.

The Office of the Commissioner of Insurance (OCI) publishes two booklets to help people make decisions about their original Medicare coverage. If you need more information on Medigap (also called Medicare supplement) insurance policies approved in Wisconsin, contact the Commissioner's Office and request a copy of the booklets [Wisconsin Guide to Health Insurance for People with Medicare](#) and [Medicare Supplement Insurance Approved Policies](#). These are available on OCI's Web site oci.wi.gov or can be obtained from our office by calling the toll-free number 1-800-236-8517.

Original Medicare

Medicare is the federal health insurance program for senior citizens and certain other qualifying people. Original Medicare includes Part A, which covers hospitalization, skilled nursing facility care, home health, and hospice care. Medicare Part B, which is purchased at your option, covers physician services, therapies, diagnostic tests, and outpatient hospital services. You may also purchase a supplemental policy to cover deductibles, coinsurance, and some other Medicare noncovered services.

Under the original Medicare program, you can choose to see the doctor or hospital of your choice, but will be responsible for paying out-of-pocket expenses, such as Part A and B deductibles and coinsurance. You can purchase a Medicare supplement policy from an insurance company to cover some of these out-of-pocket expenses. You can also purchase a Medicare supplement policy from an HMO, but your coverage will be limited to providers in the HMO's network.

Medicare Advantage

Medicare Advantage has been added to the Medicare program as Medicare Part C. Medicare Advantage offers people enrolled in Medicare Part A and Part B options for obtaining health services through the Medicare program. It is important to know that **you may choose to stay in original Medicare if you are satisfied with that program**, and that all Medicare Advantage plans must provide at least the same benefits as original Medicare. However, Medicare Advantage plans are not required to provide the same supplemental benefits that are provided under Medicare supplement policies available in Wisconsin. Whether you enroll in original Medicare or Medicare Advantage, you must continue to pay your monthly Medicare Part B premium.

Under Medicare Advantage, the Medicare program will, at your direction, purchase a private health plan on your behalf. Before Medicare will agree to pay for a plan, the plan must meet minimum state and federal requirements for licensure, benefits offered, access to providers, quality of care, and reporting. However, Medicare Advantage plans are annual contracts and are not guaranteed renewable as is required for Medicare supplement policies. As with Medicare supplement policies, the premiums you pay for the Medicare Advantage plan may increase. You may also be responsible for paying your doctor and hospital bills if you do not follow the Medicare Advantage plan's rules.

Options under Medicare Advantage

Insurance companies offering Medicare Advantage health plans in Wisconsin must be licensed before Medicare will enter into an arrangement to purchase coverage for you. Medicare Advantage plans are based on your geographic location and are not available in all Wisconsin counties. The types of Medicare Advantage plans available in Wisconsin are:

- **Health Maintenance Organization (HMO):** A type of managed care health plan with a defined list of providers, often referred to as a network, that enrollees **must** use. HMOs generally have more restrictions on the providers you may use than other types of health plans in which you can enroll, although they often provide benefits, such as additional preventive care, that are not available from other types of health plans.

Normally, an HMO will make referrals to non-network providers only in unusual situations. The HMO may also require that you obtain a referral from your primary provider before seeing a specialist. Other than in an emergency situation, an HMO will not pay for services you obtain from a provider who is not part of the HMO's network. Before you enroll in an HMO, you should carefully review the list of providers that is available through the HMO. You should also review whether the HMO allows access to out-of-state provider networks. HMOs do not cover services provided by non-network providers that are not emergency or urgent care situations. Typically, an HMO has only small copayments for covered medical services.

- **Point of Service Plan (POS):** A type of managed care health plan with a network of providers that also permits you to use non-network providers, usually at some additional cost to you. The POS plan may also have requirements that you obtain a referral from your primary provider **before** the plan will agree to pay for out-of-network care. Similar to the HMO, the POS has small copayments for medical services received from providers in the network.
- **Preferred Provider Plan (PPP):** A type of managed care health plan offered by private health insurance companies that pays a specific level of benefits if certain providers are used, and a lesser amount if non-PPP providers are utilized. Like an HMO, a PPP operates in a certain geographic area and is limited to specific providers.
- **Private Fee for Service (PFFS):** A type of health plan offered by private health insurance companies. The plan allows you to go to any Medicare approved provider, such as a doctor or a hospital, who before treating you agrees to accept the Medicare PFFS plan's terms and conditions of payment. The provider can decide at every visit whether or not to accept the plan and agree to treat you. Some providers who accept original Medicare may not accept PFFS plan enrollees.

If you see a provider who does not accept Medicare assignment, you may be responsible for any charges that are up to 15 percent in excess of the Medicare allowed amount. If you see a provider who does not participate in the Medicare program, you will not be covered and will be responsible for the entire amount charged by the provider. The plan may charge you, through premiums, additional out-of-pocket expenses (such as copayments and coinsurance), or both for any costs that exceed what original Medicare would pay.

PFFS plans are not required to coordinate care, establish provider networks, or adopt utilization management strategies.

- **Medicare Medical Savings Account (MSA):** A health plan option made up of two parts. One part is a high deductible health insurance policy that covers the same services as Medicare Part A and Part B. The other part is a special savings account where Medicare deposits money to help you pay for expenses to meet the deductible. The deductible may be as high as \$6,000 annually.
- **Medicare Special Needs Plan (SNP):** A special type of health plan limited to people in certain institutions (such as nursing homes), or eligible for both Medicare and Medicaid, or with certain chronic or disabling conditions. SNPs are available in limited areas, and are designed to provide services to people who can benefit the most from special experts of plan providers and from care management.

Remember, you do not have to leave original Medicare unless you choose to. The cheapest policy may not be the best option for you. Some things you may want to consider if you decide to choose a Medicare Advantage plan include:

1. What providers are available to you?
2. Will the plan allow you to see the providers you want?
3. Are there any additional benefits that may be offered, and is there an additional charge for these benefits?
4. What are the benefits that are excluded but would be covered under an original Medicare supplement policy?
5. What is the total cost to you, including premiums, coinsurance, copayments, deductibles, or other out-of-pocket expenses?
6. How often and by how much can the plan raise your premiums?
7. If you have a specific health condition, is one type of plan better suited to provide the services you need?
8. Will the plan coordinate with my current employer-sponsored or union plan?

Generally, plans that offer you more freedom in choosing providers or that cover additional benefits will cost you more, either in premiums or out-of-pocket expenses.

Information to Ask for from a Medicare Advantage Organization

Medicare Advantage plans must give you in writing all the information on the list below. If this information is not included in the plan's enrollment materials, you may call the plan and request it.

- Grievance and Appeal Procedures, or what happens if you are dissatisfied with a coverage decision made by your health plan. There are minimum requirements that all plans must meet.
- Summary of Benefits, or an outline of coverage provided by the plan indicating the scope of coverage offered by the plan.
- Prior Authorization Rules, or what you have to do to obtain specialty care or care from a non-network provider.
- Procedures to Protect Patient Confidentiality, or how the plan makes sure no one sees your medical records that should not.
- Provider Directory, or a list of providers who are contracted with the plan to provide services. This list could include clinics and hospitals available to plan enrollees. (Does not apply to private fee-for-service plans.)

Changing a Medicare Advantage Plan

Medicare Advantage plans are required to have an annual election period (AEP) from November 15 through December 31 of each year. During the AEP, Medicare beneficiaries may enroll in or disenroll from any type of Medicare Advantage plan. You may change plans more than once during this timeframe. The plan you are in on December 31 becomes your official plan effective January 1.

Medicare Advantage plans also have an open enrollment period (OEP) from January 1 through March 31. During the OEP Medicare beneficiaries can disenroll from an Advantage plan and go back to original Medicare Part A and Part B, or switch from one Advantage plan to another Advantage plan that is the same type of plan. You cannot add or change to a plan with prescription drug coverage during this time unless you already have Medicare prescription drug coverage. You can have only one election during this timeframe. To switch plans, you simply enroll in the plan you want and you will automatically be taken out of the current plan. If you try to disenroll from your current plan to enroll in a different plan, you are using your one election by disenrolling and will not be allowed to enroll in the plan you want. If you are happy with your current plan, you do not have to do anything.

In certain situations, you may be able to join, switch, or leave Medicare Advantage plans at other times (if you move, have both Medicare and Medicaid, or live in an institution).

Medicare Advantage Prescription Drug (MA-PD) Plans

The Medicare prescription drug plan program, also referred to as Medicare Part D, became effective January 1, 2006. Most Medicare Advantage plans available in Wisconsin include prescription drug plan coverage and are referred to as Medicare Advantage prescription drug (MA-PD) plans. MA-PD plans are subject to the same requirements as stand-alone prescription drug plans (PDPs).

The Cost of Medicare Advantage Prescription Drug (MA-PD) Plan Coverage

In most circumstances, you will pay a premium for the prescription drug coverage under a Medicare Advantage plan. In addition to monthly premiums, you may have to pay an annual deductible of no more than \$310 in 2010, plus copayments for each of your prescription drugs. With most plans you will pay 100% of the cost of covered drugs between \$2,830 and \$6,440 in 2010, called a coverage gap. The amount of your monthly out-of-pocket expenses will depend on how many prescriptions you need. After you have spent \$4,550 in out-of-pocket costs in 2010, you will have to pay 5% of the cost of covered prescriptions for the rest of the year. (Centers for Medicare and Medicaid Services)

Creditable Coverage

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health insurance issuers, group health plans and/or employers issue a HIPAA certificate of creditable coverage when your health coverage ends. The certificate indicates the date on which your coverage ends and how long you had the coverage. You should retain this document for your records because the certificate provides evidence of your prior coverage. If certain conditions are met, evidence of prior coverage may entitle you to a reduction or total elimination of a preexisting condition exclusion period under a subsequent health insurance policy you purchase.

The Medicare Modernization Act (MMA) imposes a late enrollment penalty on individuals who do not maintain creditable drug coverage (coverage that is at least as good as Part D coverage) for a period of 63 days or longer following their initial enrollment period for the Medicare prescription drug benefit. MMA mandates that health plans offering prescription drug coverage disclose to all Medicare eligible individuals with prescription drug coverage whether such coverage is creditable. Individuals should retain this document for their records. For more information on creditable coverage as it relates to Part D, go to www.cms.hhs.gov/CreditableCoverage/01_Overview.asp.

SeniorCare Prescription Drug Assistance Program

The Wisconsin legislature created the SeniorCare prescription drug assistance program for residents age 65 and older who meet certain requirements.

The SeniorCare prescription drug assistance program is considered “creditable coverage.” This means that SeniorCare is as good as the standard Medicare Part D plan.

For questions about SeniorCare, you may contact the SeniorCare Hotline at 1-800-657-2038.

Questions and Answers

What if I have a problem with my Medicare Advantage plan?

Medicare Advantage is an option under the Medicare program. If you have a complaint regarding enrollment, disenrollment, coverage, or a claim, you must follow Medicare rules for resolving the problem. You should first contact the plan regarding your problem. If you are not able to resolve your problem with the plan, you should contact Medicare at 1-800-MEDICARE (1-800-633-4227).

State insurance departments, such as the OCI, do not have jurisdiction over the Medicare program or Medicare Advantage plans. However, if your problem involves the acts of a licensed insurance agent, you should file a complaint with the OCI.

What happens if I am unhappy with my Medicare Advantage plan's claim decision?

A Medicare Advantage plan decision regarding the type of service and the amount to reimburse for the service is known as an organization determination. Medicare Advantage plans are required to respond in a timely manner to appeals of organization determinations. Medicare Advantage plans are also required to provide you with written information on how to file an appeal.

- If you are unhappy with an organization determination, you must first file a request for reconsideration with the Medicare Advantage plan. The plan must issue its decision on your request within 60 calendar days and must issue an expedited decision within 72 hours.
- If you are still unhappy with the decision, you may then appeal to an independent reviewer. The time frames are the same as those described above.
- Additional reviews are conducted by an administrative law judge and also by the U.S. Department of Health and Human Service's appeals counsel. Finally, you may appeal the decision in federal court.
- If the organization determination affects coverage of a continuing inpatient hospital stay, it may be immediately appealed to a Medicare peer review organization. You are not responsible for any costs incurred while this decision is pending.

If you are unhappy with a plan decision to not expedite an appeal or with the way you have been treated by plan providers, you should file a grievance with your Medicare Advantage plan. Grievances are separate and different from appeals. The plan is required to explain its grievance process to you and to respond to your grievance in a timely fashion.

Can my Medicare Advantage plan drop me?

Medicare Advantage plans can drop you at the end of the plan year if the plan does not renew its contract with Medicare. A plan that does not renew its contract with Medicare may decide to drop select geographic areas of service, or it may decide to nonrenew the entire plan. A plan may involuntarily disenroll you for failure to pay premiums timely, for causing a disruption in the plan's ability to deliver health care services, or if it cannot meet your medical needs. If you are involuntarily disenrolled, you are automatically returned to coverage under original Medicare at the beginning of the month following your involuntary disenrollment.

If I lose my Medicare Advantage coverage and return to original Medicare, can I get Medicare supplement coverage?

If you are involuntarily disenrolled from Medicare Advantage because the Medicare Advantage plan nonrenews its plan, you have the right to apply for a Medicare supplement policy, as long as you do so within 63 days of notice of the nonrenewal.

If you voluntarily disenroll because you decide a Medicare Advantage plan is not right for you, you may have a right to Medicare supplement coverage as long as you have not been covered by a Medicare Advantage plan before and you disenroll from the Medicare Advantage plan within 12 months of your enrollment. This right is limited to the same Medicare supplement in which you were most recently previously enrolled, excluding any outpatient prescription drug coverage. If you do not have a right to get your same Medicare supplement coverage back, you will have to complete the medical questions on an application for Medicare supplement and the insurance company can deny your application.

How can I determine if a Medicare Advantage plan is a good choice for me?

Currently, the monthly premiums you will pay for a Medicare Advantage plan are less than the premiums you pay for a Medicare supplement policy. However, Medicare Advantage plans require that you pay a copayment each time you visit your doctor and for physicals, screening, vision and hearing exams, therapy, and rehabilitation services. For example, you may be required to pay a \$150 copayment for the 1st through the 5th day of inpatient hospital care and a \$50 copayment for emergency room visits. You should compare not only the difference in the monthly premium between a Medicare supplement policy and a Medicare Advantage plan, but also the copayment amounts you will pay for Medicare Advantage coverage. Your annual out-of-pocket expenses for a Medicare Advantage plan could range from approximately \$270 to \$6,260 depending on your health status. (2009 Medicare Advantage Costshare Report, Milwaukee Area Comparisons)

Can I keep my Medicare supplement policy and also have a Medicare Advantage plan?

Your Medicare supplement policy is designed to pay 20% of Medicare approved charges, or to "supplement" the benefits payable under original Medicare. If you enroll in Medicare Advantage,

you are no longer covered by original Medicare and your Medicare supplement policy will not pay any benefits toward Medicare Advantage out-of-pocket expenses. You should decide whether you want coverage under original Medicare with a Medicare supplement insurance policy, or if you want coverage under a Medicare Advantage plan.

Am I entitled to the mandated benefits required by Wisconsin insurance law under Medicare Advantage plans?

Medicare Advantage policies are not subject to the mandated benefit requirements under Wisconsin insurance law. Insurance laws in Wisconsin mandate the coverage of specific services, including diabetic supplies, chiropractic care, limited home health care, and skilled nursing care. You can obtain a copy of the pamphlet, [Fact Sheet on Mandated Benefits in Health Insurance Policies](#), that explains the benefits mandated under Wisconsin insurance law by contacting the OCI.

What happens under Medicare Advantage if I have a medical emergency?

All Medicare Advantage plans are required to use what is known as the “prudent layperson” standard in making coverage decisions about emergency care. Under this standard, if you have acute symptoms, such as severe pain, that would cause a reasonably prudent layperson to expect that delay in treatment would cause serious jeopardy to health or impairment of bodily functions, you are permitted to obtain emergency services without prior approval from your health plan. Emergency services must be provided by a qualified provider and are limited to services needed to diagnose and stabilize your condition.

Urgent care is also required to be covered by a Medicare Advantage plan. An urgent care situation would include an accident or sudden illness while you are away from home. If you are a frequent traveler, you should inquire about the plan’s guidelines for services when you are out of its geographic service area, including refills on prescription drugs and access to non-urgent or emergency medical services. Your Medicare Advantage plan may have a passport provision allowing you to see providers in other parts of the country. Under a PFFS plan your coverage is not limited by geographic service area. If you need medical attention, you may go to any doctor, specialist, or hospital that is approved for Medicare and accepts the plan’s payment terms.

When can I join, switch, or drop my Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare or if you get Medicare due to a disability. In addition, you are allowed to switch or drop your Medicare prescription plan during the annual election period (November 15 through December 31).

What happens after I join a plan?

You will get a letter from the plan telling you when your coverage begins. Once you enroll in a Medicare Advantage plan, you must show your plan ID card every time you visit a health care provider. You cannot use your red, white, and blue Medicare card to get health care because the original Medicare plan will not pay for your health care while you are enrolled in the Medicare Advantage plan.

Read plan materials carefully to find out about the rules that can affect where you can get your care and what you will have to pay, including whether the plan has a network (certain providers you must use) and your share of the cost for services and supplies.

If you drop your employer group health plan coverage, you might not be able to re-enroll if you are unhappy with your Medicare Advantage plan. For more information, contact your company's human resources department.

Advantages and Disadvantages of Medicare Advantage Plans

Advantages of Medicare Advantage Plans

- Most Medicare Advantage plans have low monthly premiums. Some may not charge any monthly premium.
- Some plans may provide more benefits than are covered under original Medicare.
- You generally can enroll regardless of your health history, unless you have end-stage renal (kidney) disease.

Disadvantages of Medicare Advantage Plans

- Medicare Advantage plans are annual contracts. Plans may decide not to negotiate or renew their contracts.
- Plans are annual contracts and may change benefits, increase premiums, and increase copayments at the end of each year.
- You may have higher annual out-of-pocket expenses than under original Medicare with supplemental insurance coverage.
- Your current doctors or hospitals may not be network providers or may not agree to accept the plan's payment terms.

Conclusion

Remember, if you are happy with your current coverage, you don't have to make a change.

If you want to switch to a Medicare Advantage plan, read all the materials from the plan carefully before enrolling. You should also contact the plan's customer service department before enrolling in the plan. Each plan should provide written information on covered benefits, total costs to you, lists of available providers, and restrictions on access to providers. If it is important to you to stay with a specific doctor or hospital, you should make sure that provider is part of the health plan you choose.

If you have internet access, you can review periodic updates to this booklet on OCI's Web site at oci.wi.gov.

Resources

Other Resources Available Regarding Medicare Supplement and Medicare Advantage Plans

To compare Medicare Advantage plans or to find out what plans are available in your area, you can

- Visit www.medicare.gov on the web. Under “Search Tools,” select “Compare Health Plans and Medigap Policies in Your Area.” If you don’t have a computer, your local library or senior center may be able to help you access the Medicare Web site.
- **Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.**
- Call the insurance company offering the Medicare Advantage plan you are interested in to answer any questions you have about the plan. The company will be able to send you information about the plan and explain all the benefits the plan offers.

Questions or problems with a Medicare Advantage plan must first be referred to the plan.

The federal government has made arrangements with the Board on Aging and Long-Term Care to provide additional information on Medicare Advantage plans. You may reach them at **1-800-242-1060** (Medigap Helpline) or on the Web at longtermcare.state.wi.us/.

In addition, you can obtain information at **1-800-MEDICARE** (1-800-633-4227) or on the CMS Medicare Web site at www.medicare.gov.

Glossary

Here is a list of some of the terms you are likely to hear with Medicare Advantage plans:

Annual Election Period (AEP): An annual period during which Medicare beneficiaries may enroll in or disenroll from a Medicare Advantage plan. The AEP occurs November 15 through December 31 each year. The plan coverage becomes effective on January 1 of the coming year.

Appeal: The process for resolving a dispute about a Medicare Advantage plan's failure to provide benefits that you believe are Medicare covered services.

Benefit Determination: A decision from the Medicare managed care plan to offer coverage under the provisions of the policy. The benefit could require a deductible or copayment. The benefit could also be limited to a certain amount by the plan.

Coordinated Care Plan: Any form of Medicare Advantage plan that relies on a provider network to deliver care to enrollees, including HMOs and other managed care plans. Most coordinated care plans will make you pay for all or part of the cost of using a provider who is not part of their network.

Coverage: Services that meet the plan requirements for reimbursement. A medical service is not necessarily covered, even if your health care provider says you need it, unless the service meets the terms of the health plan.

Creditable Coverage: The Medicare Modernization Act (MMA) imposes a late enrollment penalty on individuals who do not maintain creditable drug coverage (coverage that is at least as good as Part D coverage) for a period of 63 days or longer following their initial enrollment period for the Medicare prescription drug benefit. MMA mandates that health plans offering prescription drug coverage disclose to all Medicare eligible individuals with prescription drug coverage whether such coverage is creditable. Individuals should retain this document for their records. For more information on creditable coverage as it relates to Part D, go to www.cms.hhs.gov/CreditableCoverage/01_Overview.asp.

Disenrollment: Leaving a Medicare managed care plan to go to another health plan. There are certain plan rules that must be followed in order to leave the plan officially. Your disenrollment will be effective the first of the month following the submission of your disenrollment form.

Disenrollment form: The form necessary to submit to your present Medicare managed care plan indicating your decision to leave the plan. This could be a simple written statement from you to the insurance company, or you can get this form from your local Social Security office or from the plan in which you are presently enrolled.

Emergency Services: Services delivered by an appropriately trained health care professional that are required to diagnose and stabilize an emergency condition.

Grievance: A written complaint from you or from an individual on your behalf filed with the plan involving issues such as waiting periods, physician behavior, involuntary disenrollment situations, quality of service, and premiums.

Mandatory Supplemental Benefits: Additional benefits included in Medicare coordinated care plans that are required to be purchased by you. These benefits will differ among Medicare Advantage plans.

Medicare Advantage Eligible Individual: Anyone eligible for Medicare Part A and enrolled in Medicare Part B who does not have end stage renal disease (ESRD).

Medicare Advantage Organization: A private or public entity that agrees to meet the contractual requirements to offer a Medicare Advantage health plan. A Medicare Advantage organization may offer more than one plan or type of plan.

Medicare Advantage Plan (formerly known as Medicare+Choice Plan and also referred to as Medicare Part C): A private health plan offered by a Medicare Advantage organization.

Medicare Supplement (Medigap): Insurance policies sold by private insurance companies to fill “gaps” in original Medicare plan coverage. Medigap policies only work with original Medicare.

Open Enrollment Period (OEP): An annual period during which Medicare beneficiaries can switch Medicare Advantage plans or leave Medicare Advantage altogether and go back to original Medicare. The OEP occurs January 1 through March 31 each year. Medicare Advantage plans are not required to open their plans for enrollment during an OEP.

Optional Supplemental Benefits: Additional benefits offered by Medicare coordinated care plans that you may choose and that may include additional premiums.

Organization Determination: A decision by a Medicare Advantage organization regarding the amount of service provided or the price the plan will reimburse for the service.

Out-of-pocket Expenses: Expenses paid by you in addition to plan premiums, which may include any or all of the following:

- **Deductible:** A fixed amount paid for covered services prior to the plan making payments. Deductibles are usually required to be paid annually. Expenses counted towards your Medicare deductible are the amounts that Medicare would pay for the service, not what you may have actually paid.
- **Copayment:** A fixed dollar amount for use of medical services. For example, many health plans require that you pay a fixed amount for each drug prescription you receive.

- **Coinsurance:** A fixed percentage of the total cost of services, paid each time you use the service.

Your health plan may have an annual cap on total out-of-pocket expenses. This information is included in your initial enrollment materials.

Passport Plan: A network of providers who are outside of your plan's geographic service area, usually in a different state, which can be used by you in non-emergency or urgent care situations. Some managed care plans have these networks available to individuals who travel to certain states. Check with your plan on the availability of this provision.

Plan Determination: A decision by a Medicare Advantage plan regarding the amount of service it will provide you or the price the plan will reimburse the provider for the service.

Prescription Drug Plan (PDP): Medicare offers optional prescription drug plan coverage, also called Medicare Part D. There are two types of Medicare plans that offer prescription drug coverage: stand-alone PDPs, and Medicare Advantage prescription drug plans.

Service Area: The area where the plan accepts enrollees and, for managed care plans, where the plan has contracted providers that you are required to use. Most coordinated care plans operate in a limited geographic area known as a service area. It is usually stated as county or zip code of operation.

Urgent Care: Covered services when you are temporarily out of the area **and** that are medically necessary and immediately needed as a result of an unforeseen illness, accident, or injury, and when it is not reasonable to obtain services from a network provider.

Where to Go for Help

If you have a complaint regarding Medicare Advantage, you should refer to your plan's membership materials regarding your complaint, grievance, and appeal rights. If you are unable to resolve your problem with the plan, you can file a complaint by calling 1-800-MEDICARE (1-800-633-4227). If you have a specific complaint about your insurance, refer it first to the insurance company or agent involved.

If you have a problem or complaint involving an insurance agent, you should contact the Office of the Commissioner of Insurance. For your convenience, a complaint form is included in the back of this booklet and on OCI's Web site, oci.wi.gov/com_form.htm. For information on how to file insurance complaints call:

(608) 266-0103 (In Madison) or
1-800-236-8517 (Statewide)

Deaf, hearing, or speech impaired callers
may reach OCI through WI TRS

Mailing Address

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Electronic Mail

ocicomplaints@wisconsin.gov
(Please indicate your name, phone
number, and e-mail address)

Medicare Advantage Plans

On the following pages are the plans available in Wisconsin. **Please note that only Medicare Advantage plans that responded to OCI's questionnaire are included in this booklet.**

The following companies offer Medicare Advantage plans but declined to respond to OCI's inquiries for premium information:

Sterling Life Insurance Company
2219 Rimland Drive
P.O. Box 1917
Bellingham, WA 98227
1-888-858-8572

NOTE

The following information listed is current as of this booklet's publication date.

Abri Health Plan, Inc.
6767 West Greenfield Avenue, Suite 201
Milwaukee, WI 53214
(www.todayshhealthwi.com)

Consumer Service Telephone No. 1-800-958-2710 (current members)
 1-800-958-2704 (prospective members)

Plan Name: Today's Health Value **First-Year Commission:** \$350.00

Health History Requested: None **Waiting Period:** None

Counties Served: Milwaukee, Ozaukee, Racine, and Waukesha

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	N/A	\$0 \$30.00 part B reduction
Annual out-of-pocket maximum	N/A	\$3,250.00
Doctor office visit copays	N/A	\$ 7.00 Primary Care Physician \$35.00 Specialist
Inpatient hospital copays	N/A	\$250.00/day for days 1-7
Out-of-network benefits	N/A	Emergency, urgent care, and ESRD

Today's Health Value is a health maintenance organization (HMO) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Abri Health Plan, Inc.
6767 West Greenfield Avenue, Suite 201
Milwaukee, WI 53214
(www.todayshealthwi.com)

Consumer Service Telephone No. 1-800-958-2710 (current members)
 1-800-958-2704 (prospective members)

Plan Name: Today's Health Premier **First-Year Commission:** \$390.00

Health History Requested: None **Waiting Period:** None

Counties Served: Milwaukee, Ozaukee, Racine, and Waukesha

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$59.00	N/A
Annual out-of-pocket maximum	\$3,000.00	N/A
Doctor office visit copays	\$ 0 Primary Care Physician \$30.00 Specialist	N/A
Inpatient hospital copays	\$195.00/day for days 1-7	N/A
Out-of-network benefits	Emergency, urgent care, and ESRD	N/A

Today's Health Premier is a health maintenance organization (HMO) Medicare Advantage plan. Part D coverage includes generics through the coverage gap with a \$0 copay.

* You also must continue to pay your monthly Medicare Part B premium.

Abri Health Plan, Inc.
6767 West Greenfield Avenue, Suite 201
Milwaukee, WI 53214
(www.todayshealthwi.com)

Consumer Service Telephone No. 1-800-958-2710 (current members)
 1-800-958-2704 (prospective members)

Plan Name: Today's Health Classic **First-Year Commission:** \$390.00

Health History Requested: None **Waiting Period:** None

Counties Served: Milwaukee, Ozaukee, Racine, and Waukesha

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$19.00	N/A
Annual out-of-pocket maximum	\$3,250.00	N/A
Doctor office visit copays	\$0 Primary Care Physician \$35.00 Specialist	N/A
Inpatient hospital copays	\$270.00/day for days 1-7	N/A
Out-of-network benefits	Emergency, urgent care, and ESRD	N/A

Today's Health Classic is a health maintenance organization (HMO) Medicare Advantage plan. Part D coverage includes generics through the coverage gap with a \$5.00 copay.

* You also must continue to pay your monthly Medicare Part B premium.

Anthem Blue Cross Blue Shield of Wisconsin
2100 Corporate Center Drive
Newbury Park, CA 91320
(www.bcbswi.com)

Consumer Service Telephone No. 1-888-445-8916, TTY 1-800-425-5705

Plan Name: SmartValue **First-Year Commission:** \$400.00

Health History Requested: Limited **Waiting Period:** None

Counties Served: Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$34.50 - \$62.00	\$15.00 - \$55.00
Annual out-of-pocket maximum	\$5,000.00	\$5,000.00
Doctor office visit copays	\$25.00 - \$35.00	\$25.00 - \$35.00
Inpatient hospital copays	\$280.00/day for days 1-6	\$280.00/day for days 1-6
Out-of-network benefits	N/A	N/A

SmartValue is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Care Wisconsin Health Plan, Inc.
2802 International Lane
Madison, WI 53704
(www.carewisconsinhealthplan.org)

Consumer Service Telephone No. 1-800-963-0035 or 1-608-245-3075

Plan Name: Partnership

First-Year Commission: None

Health History Requested: None

Waiting Period: None

Counties Served: Columbia, Dane, Dodge, Jefferson, and Sauk

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0 Some members may have to pay a monthly Medicaid cost share as determined by the county Department of Human Services to remain eligible for Wisconsin Medicaid.	N/A
Annual out-of-pocket maximum	\$0	N/A
Doctor office visit copays	\$0	N/A
Inpatient hospital copays	\$0	N/A
Out-of-network benefits	No	N/A

Partnership is a Wisconsin Family Care Partnership and health maintenance organization (HMO) special needs Medicare Advantage plan. Partnership provides the benefits of Medicare, plus the benefits of Wisconsin Medicaid and Wisconsin home and community-based waivers. To be eligible, an individual must qualify for Wisconsin Medicaid, be age 18 or over, meet certain medical or disability requirements as determined by the state, and be a resident of the plan's service area. In Columbia, Dodge, Jefferson, and Sauk counties, individuals should contact their county's Aging and Disability Resource Center for options counseling and eligibility determination.

* You also must continue to pay your monthly Medicare Part B premium.

Community Care Health Plan
1555 South Layton Boulevard
Milwaukee, WI 53215
(www.communitycareinc.org)

Consumer Service Telephone No. 1-866-992-6600

Plan Name: Community Care Health Plan

First-Year Commission: None

Health History Requested: Detailed

Waiting Period: None

Counties Served: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	\$0
Annual out-of-pocket maximum	\$0	\$0
Doctor office visit copays	\$0	\$0
Inpatient hospital copays	\$0	\$0
Out-of-network benefits	No	\$0

Community Care Health Plan is a special needs Medicare Advantage plan. To be eligible, members must be Medicaid eligible and must meet a nursing home level of care.

* You also must continue to pay your monthly Medicare Part B premium.

Gundersen Lutheran Health Plan, Inc.
1836 South Avenue
La Crosse, WI 54601
(www.glhealthplan.org)

Consumer Service Telephone No. 1-800-394-5566
 1-800-947-3529 (hearing impaired)

Plan Name: Senior Preferred Value **First-Year Commission:** \$40.00
 Senior Preferred Value D (drug plan)

Health History Requested: None **Waiting Period:** None

Counties Served: Crawford, Jackson, La Crosse, Monroe, Trempealeau, and Vernon
 The following partial counties (by zip code) are also served:

- Grant County: 53801, 53804, 53805, 53816, 53817, 53821, 53826, and 53827
- Richland County: 53805, 53924, 53968, 54631, 54634, 54639, 54652, 54655, and 54664
- Sauk County: 53924, 53968, and 54634
- Juneau County: 53929, 53968, 54618, 54634, 54638, 54641, 54660, and 54666
- Buffalo: 54612, 54625, 54629, 54661, and 54747

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$34.60	\$0
Annual out-of-pocket maximum	\$2,500.00	\$2,500.00
Doctor office visit copays	\$30.00	\$30.00
Inpatient hospital copays	\$200.00/stay	\$200.00/stay
Out-of-network benefits	Emergency and urgent care	Emergency and urgent care

Senior Preferred Value and Senior Preferred Value D are health maintenance organization (HMO) Medicare Advantage plans.

* You also must continue to pay your monthly Medicare Part B premium.

Gundersen Lutheran Health Plan, Inc.
1836 South Avenue
La Crosse, WI 54601
(www.glhealthplan.org)

Consumer Service Telephone No. 1-800-394-5566
 1-800-947-3529 (hearing impaired)

Plan Name: Senior Preferred Elite **First-Year Commission:** \$40.00
 Senior Preferred Elite D (drug plan)

Health History Requested: None **Waiting Period:** None

Counties Served: Crawford, Jackson, La Crosse, Monroe, Trempealeau, and Vernon
 The following partial counties (by zip code) are also served:

- Grant County: 53801, 53804, 53805, 53816, 53817, 53821, 53826, and 53827
- Richland County: 53805, 53924, 53968, 54631, 54634, 54639, 54652, 54655, and 54664
- Sauk County: 53924, 53968, and 54634
- Juneau County: 53929, 53968, 54618, 54634, 54638, 54641, 54660, and 54666
- Buffalo: 54612, 54625, 54629, 54661, and 54747

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$113.60	\$79.00
Annual out-of-pocket maximum	\$2,500.00	\$2,500.00
Doctor office visit copays	\$15.00	\$15.00
Inpatient hospital copays	\$0	\$0
Out-of-network benefits	Emergency and urgent care	Emergency and urgent care

Senior Preferred Elite and Senior Preferred Elite D are health maintenance organization (HMO) Medicare Advantage plans.

* You also must continue to pay your monthly Medicare Part B premium.

Humana Insurance Company
500 West Main Street
Louisville, KY 40202
(www.humana.com)

Consumer Service Telephone No. 1-877-511-5000
 TTD 1-800-833-3301

Plan Name: Humana Gold Choice - Plan A-065 **First-Year Commission:** \$353.00

Health History Requested: None **Waiting Period:** None

Counties Served: Ashland, Bayfield, Brown, Burnett, Columbia, Dane, Dodge, Door, Fond du Lac, Green Lake, Iowa, Jefferson, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Oconto, Oneida, Ozaukee, Portage, Price, Rock, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$61.00	N/A
Annual out-of-pocket maximum	\$6,000.00	N/A
Doctor office visit copays	\$15.00 Primary Care Physician \$35.00 Specialist	N/A
Inpatient hospital copays	\$225.00/days 1-7	N/A
Out-of-network benefits	Yes, as long as provider accepts Humana	N/A

Humana Gold Choice is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Humana Insurance Company
500 West Main Street
Louisville, KY 40202
(www.humana.com)

Consumer Service Telephone No. 1-877-511-5000
 TTD 1-800-833-3301

Plan Name: Humana Gold Choice - Plan B-066 **First-Year Commission:** \$353.00

Health History Requested: None **Waiting Period:** None

Counties Served: Ashland, Bayfield, Brown, Burnett, Columbia, Dane, Dodge, Door, Fond du Lac, Green Lake, Iowa, Jefferson, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Oconto, Oneida, Ozaukee, Portage, Price, Rock, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$163.00	N/A
Annual out-of-pocket maximum	\$6,000.00	N/A
Doctor office visit copays	\$15.00 Primary Care Physician \$35.00 Specialist	N/A
Inpatient hospital copays	\$225.00/days 1-7	N/A
Out-of-network benefits	Yes, as long as provider accepts Humana	N/A

Humana Gold Choice is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Humana Insurance Company
500 West Main Street
Louisville, KY 40202
(www.humana.com)

Consumer Service Telephone No. 1-877-511-5000
 TTD 1-800-833-3301

Plan Name: Humana Gold Choice - Plan A-067 **First-Year Commission:** \$353.00

Health History Requested: None **Waiting Period:** None

Counties Served: Barron, Buffalo, Calumet, Chippewa, Clark, Crawford, Douglas, Dunn, Eau Claire, Grant, Green, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, Polk, Richland, Rusk, Sauk, Trempealeau, Vernon, and Wood

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$63.00	N/A
Annual out-of-pocket maximum	\$6,000.00	N/A
Doctor office visit copays	\$15.00 Primary Care Physician \$35.00 Specialist	N/A
Inpatient hospital copays	\$225.00/days 1-7	N/A
Out-of-network benefits	Yes, as long as provider accepts Humana	N/A

Humana Gold Choice is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Humana Insurance Company
500 West Main Street
Louisville, KY 40202
(www.humana.com)

Consumer Service Telephone No. 1-877-511-5000
TTD 1-800-833-3301

Plan Name: Humana Gold Choice - Plan A-069 **First-Year Commission:** \$353.00

Health History Requested: None **Waiting Period:** None

Counties Served: Outagamie

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$34.00	N/A
Annual out-of-pocket maximum	\$6,000.00	N/A
Doctor office visit copays	\$15.00 Primary Care Physician \$35.00 Specialist	N/A
Inpatient hospital copays	\$225.00/days 1-7	N/A
Out-of-network benefits	Yes, as long as provider accepts Humana	N/A

Humana Gold Choice is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Humana Insurance Company
500 West Main Street
Louisville, KY 40202
(www.humana.com)

Consumer Service Telephone No. 1-877-511-5000
TTD 1-800-833-3301

Plan Name: Humana Gold Choice - Plan A-070 **First-Year Commission:** \$353.00

Health History Requested: None **Waiting Period:** None

Counties Served: Adams, Florence, Forest, Iron, Kenosha, Lafayette, Marquette, Milwaukee, and Racine

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$104.00	N/A
Annual out-of-pocket maximum	\$6,000.00	N/A
Doctor office visit copays	\$15.00 Primary Care Physician \$35.00 Specialist	N/A
Inpatient hospital copays	\$225.00/days 1-7	N/A
Out-of-network benefits	Yes, as long as provider accepts Humana	N/A

Humana Gold Choice is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Independent Care Health Plan
1555 North RiverCenter Drive #202A
Milwaukee, WI 53212
(www.icare-wi.org)

Consumer Service Telephone No. 1-800-777-4376

Plan Name: iCare Medicare Plan

First-Year Commission: None

Health History Requested: Limited

Waiting Period: None

Counties Served: Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Washington, and Waukesha

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	N/A
Annual out-of-pocket maximum	\$0	N/A
Doctor office visit copays	\$0	N/A
Inpatient hospital copays	\$0	N/A
Out-of-network benefits	Urgent care, ER, and dialysis services	N/A

iCare Medicare Plan is a special needs Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Managed Health Services Insurance Corp.
10700 West Research Drive #300
Milwaukee, WI 53226
(www.mhswi.com)

Consumer Service Telephone No. 1-888-713-6180

Plan Name: Advantage by Managed Health Services **First-Year Commission:** None

Health History Requested: None

Waiting Period: None

Counties Served: Langlade, Marathon, Milwaukee, Ozaukee, and Taylor

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	N/A
Annual out-of-pocket maximum	\$0	N/A
Doctor office visit copays	\$0	N/A
Inpatient hospital copays	\$0	N/A
Out-of-network benefits	Yes, with authorization Urgent and emergency care do not require authorization	N/A

Advantage by Managed Health Services is a special needs Medicare Advantage plan. To be eligible, individuals must qualify for and be enrolled in Wisconsin Medicaid under the SSI program and be age 19 or older.

* You also must continue to pay your monthly Medicare Part B premium.

Network Health Insurance Corporation
1570 Midway Place
Menasha, WI 54952
(www.nppdrugplans.com)

Consumer Service Telephone No. 1-800-378-5234

Plan Name: Network PlatinumPlus **First-Year Commission:** \$242.00 - \$403.00

Health History Requested: Limited **Waiting Period:** None

Counties Served: Brown, Calumet, Dodge, Fond du Lac, Green Lake, Manitowoc, Marquette, Outagamie, Portage, Sheboygan, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$62.00	\$28.00
Annual out-of-pocket maximum	\$2,000.00 for Medicare-covered plan services received in- or out-of-network	\$2,000.00 for Medicare-covered plan services received in- or out-of-network
Doctor office visit copays	\$0 Primary Care Physician \$15.00 Specialist	\$0 Primary Care Physician \$15.00 Specialist
Inpatient hospital copays	\$0	\$0
Out-of-network benefits	Except for emergent care, slightly higher copays apply for services received out-of-network	

Network PlatinumPlus is a preferred provider organization (PPO) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Network Health Insurance Corporation
1570 Midway Place
Menasha, WI 54952
(www.nppdrugplans.com)

Consumer Service Telephone No. 1-800-378-5234

Plan Name: Network PlatinumPremier **First-Year Commission:** \$242.00 - \$403.00

Health History Requested: Limited **Waiting Period:** None

Counties Served: Brown, Calumet, Dodge, Fond du Lac, Green Lake, Manitowoc, Marquette, Outagamie, Portage, Sheboygan, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$115.00	\$66.00
Annual out-of-pocket maximum	\$1,000.00 for Medicare-covered plan services received out-of-network	\$1,000.00 for Medicare-covered plan services received out-of-network
Doctor office visit copays	\$0	\$0
Inpatient hospital copays	\$0	\$0
Out-of-network benefits	Except for emergent care and immunizations, copays apply for services received out-of-network	

Network PlatinumPremier is a preferred provider organization (PPO) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Network Health Insurance Corporation
1570 Midway Place
Menasha, WI 54952
(www.nppdrugplans.com)

Consumer Service Telephone No. 1-800-378-5234

Plan Name: Network PlatinumSelect **First-Year Commission:** \$242.00 - \$403.00

Health History Requested: None **Waiting Period:** None

Counties Served: Brown, Calumet, Dodge, Fond du Lac, Green Lake, Manitowoc, Marquette, Outagamie, Portage, Sheboygan, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	N/A
Annual out-of-pocket maximum	\$2,900.00 for Medicare-covered services received in or out-of-network	N/A
Doctor office visit copays	\$10.00 Primary Care Physician \$30.00 Specialist	N/A
Inpatient hospital copays	\$150.00/day for days 1-4 \$0/day for days 5-90	N/A
Out-of-network benefits	Except for emergent or urgent care, slightly higher copays apply	N/A

Network PlatinumSelect is a preferred provider organization (PPO) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

Partnership Health Plan, Inc.
2240 East Ridge Center
Eau Claire, WI 54701
(www.CommunityHealthPartnership.com)

Consumer Service Telephone No. 1-800-842-1814 or 1-715-838-2900

Plan Name: Community Health Partnership **First-Year Commission:** None

Health History Requested: None **Waiting Period:** None

Counties Served: Chippewa, Dunn, Eau Claire, Pierce, and St. Croix

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	N/A
Annual out-of-pocket maximum	\$0	N/A
Doctor office visit copays	\$0	N/A
Inpatient hospital copays	\$0	N/A
Out-of-network benefits	No	N/A

Community Health Partnership is a special needs Medicare Advantage plan. To be eligible, individuals must qualify for Wisconsin Medicaid, live in one of the counties listed above, meet financial requirements, and be at nursing home level of care as determined by the state. Members must be age 18 or above, an adult with physical or developmental disabilities, or a frail elderly person. Each member is assigned a care team and receives care coordination services.

* You also must continue to pay your monthly Medicare Part B premium.

Pyramid Life Insurance Company
1001 Heathrow Park Lane, Suite 5001
Lake Mary, FL 32746
(www.todaysoptions.com)

Consumer Service Telephone No. 1-800-486-7613

Plan Name: Today's Options

First-Year Commission: \$425.00 - \$450.00

Health History Requested: None

Waiting Period: None

Counties Served: All

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$20.00 - \$122.00	\$20.00 - \$90.00
Annual out-of-pocket maximum	\$2,500.00 - \$5,000.00	\$2,500.00 - \$5,000.00
Doctor office visit copays	\$10.00 - \$20.00 Primary Care Physician	\$10.00 - \$20.00 Primary Care Physician
Inpatient hospital copays	\$195.00/stay \$250.00/day for days 1-6	\$195.00/stay \$250.00/day for days 1-6
Out-of-network benefits	Yes	Yes

Today's Options is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

**Security Health Plan of Wisconsin, Inc.
 1515 Saint Joseph Avenue
 Marshfield, WI 54449
 (www.securityhealth.org)**

Consumer Service Telephone No. 1-877-998-0998 or 1-715-221-9897
 TTY 1-877-727-2232 or 1-715-221-9898

Plan Name: Advocare **First-Year Commission:** \$218.00 - MA plans
 \$290.00 - MA-PD plans

Health History Requested: None **Waiting Period:** None

Counties Served: Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Taylor, Vilas, Washburn, Waupaca, Waushara, and Wood

The following counties have only the areas listed by zip code included in the Advocare service area:

Monroe:	Warrens	54666			
Shawano:	Aniwa	54408	Bowler	54416	Tigerton 54486
	Antigo	54409	Eland	54427	Wittenberg 54499
	Birnamwood	54414	Mattoon	54450	
Trempealeau:	Osseo	54758			

	MA-PD (Medical benefits with Part D coverage)			MA-Only (Medical benefits only)		
	Advocare Spirit Rx HMO - POS	Advocare Essence Rx HMO - POS	Advocare Vitality Rx HMO - POS	Advocare Spirit HMO - POS	Advocare Essence HMO - POS	Advocare Vitality HMO - POS
Total monthly premium* (includes Part D premium)	\$143.00	\$25.00	\$199.00	\$108.00	\$0	\$164.00
Annual out-of-pocket maximum	\$900.00 drugs + ER copays	\$4,000.00 drugs + ER copays	\$0	\$900.00 ER copays	\$4,000.00 ER copays	\$0
Doctor office visit copays	\$15.00	\$20.00	\$0	\$15.00	\$20.00	\$0
Inpatient hospital copays	\$850.00/day for days 1-5	\$300.00/day for days 1-5 \$1,500.00 maximum out-of-pocket limit/stay	\$0	\$50.00/day for days 1-5	\$300.00/day for days 1-5 \$1,500.00 maximum out-of-pocket limit/stay	\$0
Out-of-network benefits	Optional	Optional	Optional	Optional	Optional	Optional

Advocare is a health maintenance organization (HMO) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

UCare Wisconsin, Inc.
500 Stinson Boulevard
Minneapolis, MN 55413
(www.ucare.org)

Consumer Service Telephone No. 1-877-523-1515 or 1-612-676-3600

Plan Name: UCare for Seniors Classic

First-Year Commission: \$302.00

Health History Requested: None

Waiting Period: None

Counties Served: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, Polk, Richland, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, and Washburn

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$128.00	N/A
Annual out-of-pocket maximum	\$3,400.00	N/A
Doctor office visit copays	\$0 Primary Care Physician \$15.00 Specialist	N/A
Inpatient hospital copays	\$150.00/admission	N/A
Out-of-network benefits	80% of Medicare allowable charges covered	N/A

UCare for Seniors is a health maintenance organization (HMO) Medicare Advantage plan with a point-of-service (POS) option.

* You also must continue to pay your monthly Medicare Part B premium.

UCare Wisconsin, Inc.
500 Stinson Boulevard
Minneapolis, MN 55413
(www.ucare.org)

Consumer Service Telephone No. 1-877-523-1515 or 1-612-676-3600

Plan Name: UCare for Seniors Value

First-Year Commission: \$302.00

Health History Requested: None

Waiting Period: None

Counties Served: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, Polk, Richland, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, and Washburn

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	N/A	\$51.00
Annual out-of-pocket maximum	N/A	\$3,400.00
Doctor office visit copays	N/A	\$0 Primary Care Physician \$30.00 Specialist
Inpatient hospital copays	N/A	\$300.00/admission
Out-of-network benefits	N/A	80% of Medicare allowable charges covered

UCare for Seniors Value is a health maintenance organization (HMO) Medicare Advantage plan with a point-of-service (POS) option.

* You also must continue to pay your monthly Medicare Part B premium.

UCare Wisconsin, Inc.
500 Stinson Boulevard
Minneapolis, MN 55413
(www.ucare.org)

Consumer Service Telephone No. 1-877-523-1515 or 1-612-676-3600

Plan Name: UCare for Seniors Value Plus

First-Year Commission: \$302.00

Health History Requested: None

Waiting Period: None

Counties Served: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, Polk, Richland, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, and Washburn

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$61.50	N/A
Annual out-of-pocket maximum	\$3,400.00	N/A
Doctor office visit copays	\$0 Primary Care Physician \$30.00 Specialist	N/A
Inpatient hospital copays	\$300.00/admission	N/A
Out-of-network benefits	80% of Medicare allowable charges covered	N/A

UCare for Seniors Value Plus is a health maintenance organization (HMO) Medicare Advantage plan with a point-of-service (POS) option.

* You also must continue to pay your monthly Medicare Part B premium.

United Healthcare Insurance Company
10701 West Research Drive
Milwaukee, WI 53226
(www.SecureHorizons.com)

Consumer Service Telephone No. 1-866-579-8774

Plan Name: Secure Horizons Medicare
 Direct Plan 1

First-Year Commission: \$400.00

Health History Requested: None

Waiting Period: None

Counties Served: Brown, Buffalo, Calumet, Columbia, Crawford, Dodge, Fond du Lac, Jackson, Kewaunee, La Crosse, Monroe, Oconto, Outagamie, Shawano, Trempealeau, Vernon, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	N/A	\$0
Annual out-of-pocket maximum	N/A	\$4,250.00
Doctor office visit copays	N/A	\$15.00 Primary Care Physician \$30.00 Specialist
Inpatient hospital copays	N/A	\$225.00/day for days 1-7
Out-of-network benefits	N/A	No

Secure Horizons Medicare Direct Plan 1 is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

United Healthcare Insurance Company
10701 West Research Drive
Milwaukee, WI 53226
(www.SecureHorizons.com)

Consumer Service Telephone No. 1-866-579-8774

Plan Name: Secure Horizons Medicare Direct Plan 3 **First-Year Commission:** \$400.00

Health History Requested: None **Waiting Period:** None

Counties Served: Green Lake, Jefferson, Manitowoc, Milwaukee, Ozaukee, Racine, Sheboygan, Washington, Waukesha, Waupaca, and Waushara

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	N/A	\$0
Annual out-of-pocket maximum	N/A	\$4,900.00
Doctor office visit copays	N/A	\$15.00 Primary Care Physician \$35.00 Specialist
Inpatient hospital copays	N/A	\$275.00/day for days 1-6
Out-of-network benefits	N/A	No

Secure Horizons Medicare Direct Plan 3 is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

United Healthcare Insurance Company
10701 West Research Drive
Milwaukee, WI 53226
(www.SecureHorizons.com)

Consumer Service Telephone No. 1-866-579-8774

Plan Name: Secure Horizons Medicare
 Direct Plan 100

First-Year Commission: \$400.00

Health History Requested: None

Waiting Period: None

Counties Served: Brown, Buffalo, Calumet, Columbia, Crawford, Dodge, Fond du Lac, Green Lake, Jackson, Jefferson, Kewaunee, La Crosse, Manitowoc, Monroe, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Trempealeau, Vernon, Washington, Waukesha, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	N/A	\$25.00
Annual out-of-pocket maximum	N/A	\$3,350.00
Doctor office visit copays	N/A	\$15.00 Primary Care Physician \$25.00 Specialist
Inpatient hospital copays	N/A	\$175.00/day
Out-of-network benefits	N/A	N/A

Secure Horizons Medicare Direct Plan 100 is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

United Healthcare Insurance Company
10701 West Research Drive
Milwaukee, WI 53226
(www.SecureHorizons.com)

Consumer Service Telephone No. 1-866-579-8774

Plan Name: Secure Horizons Medicare Direct RX Plan 150 **First-Year Commission:** \$400.00

Health History Requested: None **Waiting Period:** None

Counties Served: Brown, Buffalo, Calumet, Columbia, Crawford, Dodge, Fond du Lac, Green Lake, Jackson, Kewaunee, La Crosse, Monroe, Oconto, Outagamie, Shawano, Sheboygan, Trempealeau, Vernon, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$35.00	N/A
Annual out-of-pocket maximum	\$4,300.00	N/A
Doctor office visit copays	\$15.00 Primary Care Physician \$25.00 Specialist	N/A
Inpatient hospital copays	\$195.00/day for days 1-8	N/A
Out-of-network benefits	No	N/A

Secure Horizons Medicare Direct RX Plan 150 is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

United Healthcare Insurance Company
10701 West Research Drive
Milwaukee, WI 53226
(www.SecureHorizons.com)

Consumer Service Telephone No. 1-866-579-8774

Plan Name: Secure Horizons Medicare
 Direct RX Plan 51

First-Year Commission: \$400.00

Health History Requested: None

Waiting Period: None

Counties Served: Brown, Buffalo, Calumet, Columbia, Crawford, Dodge, Fond du Lac, Jackson, Kewaunee, La Crosse, Monroe, Oconto, Outagamie, Shawano, Trempealeau, Vernon, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$20.00	N/A
Annual out-of-pocket maximum	\$4,600.00	N/A
Doctor office visit copays	\$15.00 Primary Care Physician \$30.00 Specialist	N/A
Inpatient hospital copays	\$250.00/day for days 1-7	N/A
Out-of-network benefits	No	N/A

Secure Horizons Medicare Direct RX Plan 51 is a private fee-for-service (PFFS) Medicare Advantage plan.

* You also must continue to pay your monthly Medicare Part B premium.

UnitedHealthcare of Wisconsin, Inc.
10701 West Research Drive
Milwaukee, WI 53226
(www.AARPMedicareComplete.com)

Consumer Service Telephone No. 1-800-643-4845

Plan Name: AARP Medicare Complete Plus and AARP Medicare Complete Plus Essential
First-Year Commission: \$400.00

Health History Requested: None
Waiting Period: None

Counties Served: Milwaukee, Ozaukee, Racine, Washington, and Waukesha

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	\$0
Annual out-of-pocket maximum	\$3,950.00	\$3,600.00
Doctor office visit copays	\$20.00 Primary Care Physician \$40.00 Specialist	\$20.00 Primary Care Physician \$40.00 Specialist
Inpatient hospital copays	\$250.00/day for days 1-7	\$250.00/day for days 1-7
Out-of-network benefits	Yes	Yes

AARP Medicare Complete Plus and AARP Medicare Complete Plus Essential are health maintenance organization (HMO) Medicare Advantage plans with a point-of-service (POS) option.

* You also must continue to pay your monthly Medicare Part B premium.

UnitedHealthcare of Wisconsin, Inc.
10701 West Research Drive
Milwaukee, WI 53226
(www.AARPMedicareComplete.com)

Consumer Service Telephone No. 1-800-643-4845

Plan Name: AARP Medicare
 Complete Plus

First-Year Commission: \$400.00

Health History Requested: None

Waiting Period: None

Counties Served: Brown, Calumet, Dodge, Fond du Lac, Green Lake, Kewaunee, La Crosse, Manitowoc, Monroe, Oconto, Outagamie, Shawano, Sheboygan, Trempealeau, Vernon, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	N/A
Annual out-of-pocket maximum	\$2,900.00	N/A
Doctor office visit copays	\$15.00 Primary Care Physician \$25.00 Specialist	N/A
Inpatient hospital copays	\$175.00/day	N/A
Out-of-network benefits	Yes	N/A

AARP Medicare Complete Plus is a health maintenance organization (HMO) Medicare Advantage plan with a point-of-service (POS) option.

* You also must continue to pay your monthly Medicare Part B premium.

UnitedHealthcare of Wisconsin, Inc.
10701 West Research Drive
Milwaukee, WI 53226
(www.EvercareHealthPlans.com)

Consumer Service Telephone No. 1-800-393-0993

Plan Name: Evercare Health Plan for People in Nursing Homes (Plan IH-POS) **First-Year Commission:** \$400.00

Health History Requested: None **Waiting Period:** None

Counties Served: Brown, Dane, La Crosse, Milwaukee, Monroe, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Trempealeau, Vernon, Washington, Waukesha, Waupaca, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$38.20	N/A
Annual out-of-pocket maximum	Unlimited	N/A
Doctor office visit copays	\$0 Primary Care Physician 20% Specialist	N/A
Inpatient hospital copays	Same as FFS Medicare	N/A
Out-of-network benefits	Yes	N/A

Evercare Health Plan for People in Nursing Homes (Plan IH-POS) is a special needs Medicare Advantage plan with a point-of-service (POS) option.

* You also must continue to pay your monthly Medicare Part B premium.

UnitedHealthcare of Wisconsin, Inc.
10701 West Research Drive
Milwaukee, WI 53226
(www.EvercareHealthPlans.com)

Consumer Service Telephone No. 1-877-702-5110

Plan Name: Evercare Health Plan for People with Specific Long-Term Illnesses (Plan MH-POS) **First-Year Commission:** \$400.00

Health History Requested: None **Waiting Period:** None

Counties Served: Brown, Calumet, Green Lake, Kewaunee, La Crosse, Monroe, Oconto, Outagamie, Shawano, Sheboygan, Trempealeau, Vernon, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	N/A
Annual out-of-pocket maximum	\$3,350.00	N/A
Doctor office visit copays	\$15.00 Primary Care Physician \$25.00 Specialist	N/A
Inpatient hospital copays	\$225.00/day for days 1-7	N/A
Out-of-network benefits	Yes	N/A

Evercare Health Plan for People with Specific Long-Term Illnesses (Plan MH-POS) is a special needs Medicare Advantage plan with a point-of-service (POS) option.

* You also must continue to pay your monthly Medicare Part B premium.

UnitedHealthcare of Wisconsin, Inc.
10701 West Research Drive
Milwaukee, WI 53226
(www.EvercareHealthPlans.com)

Consumer Service Telephone No. 1-877-702-5110

Plan Name: Evercare Health Plan for People with Specific Long-Term Illnesses (Plan MH-POS) **First-Year Commission:** \$400.00

Health History Requested: None **Waiting Period:** None

Counties Served: Milwaukee, Ozaukee, Racine, Washington, and Waukesha

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	N/A
Annual out-of-pocket maximum	\$3,950.00	N/A
Doctor office visit copays	\$20.00 Primary Care Physician \$40.00 Specialist	N/A
Inpatient hospital copays	\$250.00/day for days 1-7	N/A
Out-of-network benefits	Yes	N/A

Evercare Health Plan for People with Specific Long-Term Illnesses (Plan MH-POS) is a special needs Medicare Advantage plan with a point-of-service (POS) option.

* You also must continue to pay your monthly Medicare Part B premium.

UnitedHealthcare of Wisconsin, Inc.
10701 West Research Drive
Milwaukee, WI 53226
(www.EvercareHealthPlans.com)

Consumer Service Telephone No. 1-877-702-5110

Plan Name: Evercare Health Plan for People with Limited Incomes (Plan DH-POS) **First-Year Commission:** \$400.00

Health History Requested: None **Waiting Period:** None

Counties Served: Brown, Calumet, Dane, Green Lake, Kewaunee, La Crosse, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Trempealeau, Vernon, Washington, Waukesha, Waupaca, Waushara, and Winnebago

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$29.20	N/A
Annual out-of-pocket maximum	Unlimited	N/A
Doctor office visit copays	Same as FFS Medicare	N/A
Inpatient hospital copays	Same as FFS Medicare	N/A
Out-of-network benefits	Yes	N/A

Evercare Health Plan for People with Limited Incomes (Plan DH-POS) is a special needs Medicare Advantage plan with a point-of-service (POS) option.

* You also must continue to pay your monthly Medicare Part B premium.

UnitedHealthcare of Wisconsin, Inc.
10701 West Research Drive
Milwaukee, WI 53226
(www.Americhoice.com)

Consumer Service Telephone No. 1-800-396-1942

Plan Name: Personal Care Plus by UnitedHealthcare **First-Year Commission:** \$400.00

Health History Requested: None **Waiting Period:** None

Counties Served: Milwaukee (Pending: Brown, Manitowoc, Racine, Sheboygan, Walworth, Washington, Waukesha, and Winnebago)

	MA-PD (Medical benefits with Part D coverage)	MA-Only (Medical benefits only)
Total monthly premium* (includes Part D premium)	\$0	N/A
Annual out-of-pocket maximum	\$0	N/A
Doctor office visit copays	\$0	N/A
Inpatient hospital copays	\$0	N/A
Out-of-network benefits	No	N/A

Personal Care Plus by UnitedHealthcare is a special needs Medicare Advantage plan and assumes Medicaid secondary coverage.

* You also must continue to pay your monthly Medicare Part B premium.