



**STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE**

1402 Pankratz Street, Suite 111
Madison, WI 53704-4001

Medigap Helpline (800) 242-1060
Part D Helpline (855) 677-2783
Ombudsman Program (800) 815-0015
Fax (608) 246-7001

Email: BOALTCMedigap@wisconsin.gov
<http://longtermcare.wi.gov>



Dear Medigap Helpline or Medigap Prescription Drug Helpline Caller:

Thank you for contacting the State of Wisconsin Medigap Helpline or Medigap Prescription Drug Helpline. These helplines are a part of the Wisconsin State Health Insurance Assistance Program (SHIP), and our number can be found on the back of the Wisconsin Medicare & You Book. Counseling and resources are available for beneficiaries with any Medicare-related questions.

Enclosed you will find a list of Medicare Advantage Plans available in the requested Wisconsin County. These plans can also be viewed using the Medicare Advantage Plan Finder at www.Medicare.gov. The enclosed Medicare Advantage Plans can be contacted directly for more information on a specific plan(s).

If you need any additional counseling or resources do not hesitate to contact us again at either of the numbers below. In your message please be sure to include your name, address, call back number, email address (if available), and reason for your call. A counselor will contact you using the information you provide.

Medigap Helpline: (800) 242-1060

Medigap Part D & Prescription Drug Helpline: (855) 677-2783

Thank You,

Medigap Helpline Services
State of Wisconsin Board on Aging and Long Term Care

This project was supported by the Wisconsin Department of Health Services with financial assistance, in whole or in part, by grant number 90SAPG0091, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

This program is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

Adams County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Adams	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$ -	\$6,700.00
Adams	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Adams	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Adams	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Adams	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$ 9.00	\$9,250.00
Adams	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Adams	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Adams	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Adams	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Adams	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Adams	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Adams	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$ -	\$9,250.00
Adams	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Adams	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Adams	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Adams	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$ -	\$269.00	\$2,200.00
Adams	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$ -	\$5,000.00
Adams	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Adams	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Adams	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Adams	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$ -	\$5,400.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Adams	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$ -	\$6,700.00
Adams	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$ -	\$5,400.00
Adams	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Adams	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$ -	\$5,900.00
Adams	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Adams	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$ -	\$5,500.00
Adams	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Adams	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Adams	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$ -	\$6,000.00
Adams	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Adams	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Adams	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Adams	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Adams	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Adams	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$ 3.60	\$9,250.00
Adams	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$ -	\$9,250.00
Adams	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Adams	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Ashland County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Ashland	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Ashland	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$ 9.00	\$9,250.00
Ashland	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Ashland	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Ashland	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Ashland	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Ashland	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Ashland	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Ashland	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Ashland	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Ashland	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Ashland	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Ashland	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Ashland	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Ashland	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Ashland	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$ -	\$269.00	\$2,200.00
Ashland	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$ -	\$5,000.00
Ashland	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Ashland	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$ -	\$6,000.00
Ashland	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$ 3.60	\$9,250.00
Ashland	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$ -	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Ashland	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Ashland	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Barron County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Barron	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Barron	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$ 9.00	\$9,250.00
Barron	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Barron	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Barron	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Barron	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Barron	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Barron	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Barron	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Barron	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Barron	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Barron	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Barron	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Barron	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Barron	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$ -	\$269.00	\$2,200.00
Barron	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Barron	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$ -	\$5,000.00
Barron	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Barron	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$ -	\$6,000.00
Barron	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$ 3.60	\$9,250.00
Barron	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$ -	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Barron	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Barron	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Bayfield County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Bayfield	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Bayfield	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$ 9.00	\$9,250.00
Bayfield	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Bayfield	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Bayfield	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Bayfield	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Bayfield	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Bayfield	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Bayfield	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Bayfield	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Bayfield	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Bayfield	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Bayfield	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Bayfield	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Bayfield	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$ -	\$269.00	\$2,200.00
Bayfield	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$ -	\$5,000.00
Bayfield	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Bayfield	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$ -	\$6,000.00
Bayfield	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$ 3.60	\$9,250.00
Bayfield	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$ -	\$9,250.00
Bayfield	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Bayfield	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Brown County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Brown	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Brown	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Brown	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Brown	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Brown	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Brown	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Brown	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Brown	H3794	6	UnitedHealthcare	UHC Dual Complete WI-D3 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$21.10	\$9,250.00
Brown	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Brown	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Brown	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Brown	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Brown	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Brown	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Brown	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Brown	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Brown	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Brown	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Brown	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Brown	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Brown	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Brown	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Brown	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Brown	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Brown	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Brown	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Brown	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Brown	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Brown	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Brown	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Brown	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Brown	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Brown	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Brown	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Brown	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Brown	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Brown	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Brown	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Brown	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Brown	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Brown	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Brown	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Brown	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Brown	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Brown	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Brown	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Brown	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Brown	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Brown	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Brown	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Brown	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Brown	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Brown	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Brown	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Brown	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Brown	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Buffalo County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Buffalo	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Buffalo	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Buffalo	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Buffalo	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Buffalo	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Buffalo	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Buffalo	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Buffalo	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Buffalo	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Buffalo	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Buffalo	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Buffalo	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Buffalo	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Buffalo	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Buffalo	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Buffalo	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Buffalo	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Buffalo	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Buffalo	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Buffalo	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Buffalo	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Buffalo	H5262	1	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	HMO	Enhanced	\$200.00	\$196.00	\$3,500.00
Buffalo	H5262	3	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	HMO	Enhanced	\$225.00	\$90.00	\$4,200.00
Buffalo	H5262	4	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Buffalo	H5262	5	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$3,500.00
Buffalo	H5262	21	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$29.00	\$5,900.00
Buffalo	H5262	32	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$0.00	\$6,700.00
Buffalo	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Buffalo	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Buffalo	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Buffalo	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Buffalo	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Buffalo	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Buffalo	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Buffalo	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Burnett County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Burnett	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Burnett	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Burnett	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Burnett	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Burnett	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Burnett	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Burnett	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Burnett	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Burnett	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Burnett	H2462	26	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Burnett	H2462	27	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Burnett	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Burnett	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Burnett	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Burnett	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Burnett	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Burnett	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Burnett	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Burnett	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Burnett	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Burnett	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Burnett	H5216	359	Humana	HumanaChoice H5216-359 (PPO)	PPO	Enhanced	\$615.00	\$10.00	\$5,900.00
Burnett	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Burnett	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Burnett	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Burnett	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Burnett	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Burnett	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Burnett	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Burnett	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Calumet County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Calumet	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Calumet	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Calumet	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Calumet	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Calumet	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Calumet	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Calumet	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Calumet	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Calumet	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Calumet	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Calumet	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Calumet	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Calumet	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Calumet	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Calumet	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Calumet	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Calumet	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,860.00
Calumet	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Calumet	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Calumet	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Calumet	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Calumet	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Calumet	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Calumet	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Calumet	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Calumet	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Calumet	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Calumet	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Calumet	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Calumet	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Calumet	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Calumet	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Calumet	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Calumet	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Calumet	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Calumet	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Calumet	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Calumet	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Calumet	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Calumet	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Calumet	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Calumet	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Calumet	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Calumet	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Calumet	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Calumet	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Chippewa County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Chippewa	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Chippewa	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Chippewa	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Chippewa	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Chippewa	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Chippewa	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Chippewa	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Chippewa	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Chippewa	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Chippewa	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Chippewa	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Chippewa	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Chippewa	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Chippewa	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Chippewa	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Chippewa	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Chippewa	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Chippewa	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Chippewa	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Chippewa	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Chippewa	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Chippewa	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Chippewa	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Chippewa	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Chippewa	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Chippewa	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Chippewa	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Chippewa	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Clark County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Clark	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Clark	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Clark	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Clark	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Clark	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Clark	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Clark	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Clark	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Clark	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Clark	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Clark	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Clark	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Clark	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Clark	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Clark	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Clark	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Clark	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Clark	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Clark	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Clark	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Clark	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Clark	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Clark	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Clark	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Clark	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Clark	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Clark	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Clark	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Clark	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Clark	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Clark	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Clark	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Columbia County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Columbia	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Columbia	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Columbia	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Columbia	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Columbia	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Columbia	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Columbia	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Columbia	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Columbia	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Columbia	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Columbia	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Columbia	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Columbia	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Columbia	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Columbia	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Columbia	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Columbia	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$615.00	\$26.00	\$5,400.00
Columbia	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	PPO	Enhanced	\$615.00	\$154.00	\$4,200.00
Columbia	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Columbia	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Columbia	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Columbia	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Columbia	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Columbia	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Columbia	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Columbia	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Columbia	H5262	7	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite D (w/Rx) (HMO)	HMO	Enhanced	\$200.00	\$162.00	\$4,200.00
Columbia	H5262	8	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value D (w/Rx) (HMO)	HMO	Enhanced	\$225.00	\$106.00	\$4,900.00
Columbia	H5262	9	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Columbia	H5262	10	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,200.00
Columbia	H5262	23	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Core D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$34.00	\$5,400.00
Columbia	H5262	33	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Basic D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$0.00	\$6,400.00
Columbia	H5264	2	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Columbia	H5264	5	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Columbia	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Columbia	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Columbia	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Columbia	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Columbia	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Columbia	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Columbia	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Columbia	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Columbia	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Columbia	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Columbia	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Columbia	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Columbia	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Columbia	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$380.00	\$50.00	\$5,000.00
Columbia	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$300.00	\$119.00	\$4,200.00
Columbia	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$6,750.00
Columbia	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$100.00	\$256.00	\$2,750.00
Columbia	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Columbia	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Columbia	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Columbia	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Columbia	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Crawford County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Crawford	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Crawford	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Crawford	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Crawford	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Crawford	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Crawford	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Crawford	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Crawford	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Crawford	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Crawford	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Crawford	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Crawford	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Crawford	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Crawford	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$615.00	\$26.00	\$5,400.00
Crawford	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	PPO	Enhanced	\$615.00	\$154.00	\$4,200.00
Crawford	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Crawford	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Crawford	H5256	1	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates SmartPlan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Crawford	H5256	2	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Community Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Crawford	H5256	4	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Freedom Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Crawford	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Crawford	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Crawford	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Crawford	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Crawford	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Crawford	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Crawford	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Crawford	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Dane County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Dane	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Dane	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Dane	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Dane	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Dane	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Dane	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dane	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Dane	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Dane	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Dane	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Dane	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Dane	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Dane	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Dane	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Dane	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Dane	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Dane	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$615.00	\$26.00	\$5,400.00
Dane	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	PPO	Enhanced	\$615.00	\$154.00	\$4,200.00
Dane	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Dane	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Dane	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Dane	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Dane	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Dane	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Dane	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Dane	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Dane	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Dane	H5262	7	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite D (w/Rx) (HMO)	HMO	Enhanced	\$200.00	\$162.00	\$4,200.00
Dane	H5262	8	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value D (w/Rx) (HMO)	HMO	Enhanced	\$225.00	\$106.00	\$4,900.00
Dane	H5262	9	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Dane	H5262	10	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,200.00
Dane	H5262	23	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Core D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$34.00	\$5,400.00
Dane	H5262	30	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Dual Eligible (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Dane	H5262	33	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Basic D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$0.00	\$6,400.00
Dane	H5264	2	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dane	H5264	5	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dane	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Dane	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Dane	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Dane	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Dane	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Dane	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Dane	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Dane	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Dane	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Dane	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Dane	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$380.00	\$50.00	\$5,000.00
Dane	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$300.00	\$119.00	\$4,200.00
Dane	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$6,750.00
Dane	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$100.00	\$256.00	\$2,750.00
Dane	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Dane	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Dane	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Dane	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Dane	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Dodge County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Dodge	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Dodge	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Dodge	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Dodge	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Dodge	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dodge	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Dodge	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Dodge	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Dodge	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Dodge	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Dodge	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Dodge	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Dodge	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Dodge	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Dodge	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Dodge	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Dodge	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Dodge	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Dodge	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Dodge	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Dodge	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Dodge	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Dodge	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Dodge	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Dodge	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Dodge	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Dodge	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Dodge	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Dodge	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Dodge	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Dodge	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Dodge	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Dodge	H5264	2	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dodge	H5264	5	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dodge	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Dodge	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Dodge	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Dodge	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Dodge	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Dodge	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Dodge	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Dodge	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Dodge	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$380.00	\$50.00	\$5,000.00
Dodge	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$300.00	\$119.00	\$4,200.00
Dodge	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$6,750.00
Dodge	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$100.00	\$256.00	\$2,750.00
Dodge	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Dodge	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Dodge	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Dodge	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Dodge	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Dodge	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Door County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Door	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Door	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Door	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Door	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Door	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Door	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Door	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Door	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Door	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Door	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Door	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Door	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Door	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Door	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Door	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Door	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Door	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Door	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Door	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Door	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Door	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Door	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Door	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Door	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Door	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Door	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Door	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Door	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Door	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Door	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Door	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Door	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Door	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Door	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Door	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Door	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Door	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Door	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Door	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Douglas County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Douglas	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Douglas	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Douglas	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Douglas	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Douglas	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Douglas	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Douglas	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Douglas	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Douglas	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Douglas	H2462	26	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Douglas	H2462	27	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Douglas	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Douglas	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Douglas	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Douglas	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Douglas	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Douglas	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Douglas	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Douglas	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Douglas	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Douglas	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Douglas	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Douglas	H5216	359	Humana	HumanaChoice H5216-359 (PPO)	PPO	Enhanced	\$615.00	\$10.00	\$5,900.00
Douglas	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Douglas	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Douglas	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Douglas	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Douglas	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Douglas	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Douglas	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Douglas	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Dunn County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Dunn	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Dunn	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Dunn	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dunn	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Dunn	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Dunn	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Dunn	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Dunn	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Dunn	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Dunn	H2462	26	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dunn	H2462	27	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Dunn	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Dunn	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Dunn	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Dunn	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Dunn	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Dunn	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Dunn	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Dunn	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Dunn	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Dunn	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Dunn	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Dunn	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Dunn	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Dunn	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Dunn	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Dunn	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Dunn	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Dunn	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Eau Claire County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Eau Claire	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Eau Claire	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Eau Claire	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Eau Claire	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Eau Claire	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Eau Claire	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Eau Claire	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Eau Claire	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Eau Claire	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Eau Claire	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Eau Claire	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Eau Claire	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Eau Claire	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Eau Claire	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Eau Claire	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Eau Claire	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Eau Claire	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Eau Claire	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Eau Claire	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Eau Claire	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Eau Claire	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Eau Claire	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Eau Claire	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Eau Claire	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Eau Claire	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Eau Claire	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Eau Claire	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Eau Claire	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Eau Claire	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Florence County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Florence	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Florence	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Florence	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Florence	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Florence	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Florence	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Florence	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Florence	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Florence	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Florence	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Florence	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Florence	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Florence	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Florence	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Florence	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Florence	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Florence	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Florence	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Florence	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Florence	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Florence	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Florence	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Florence	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Florence	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Florence	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Florence	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Florence	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Florence	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Florence	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Florence	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Florence	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Florence	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Florence	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Florence	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Florence	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Florence	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Florence	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Florence	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Florence	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Fond du Lac County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Fond du Lac	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Fond du Lac	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Fond du Lac	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Fond du Lac	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Fond du Lac	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Fond du Lac	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Fond du Lac	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Fond du Lac	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Fond du Lac	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Fond du Lac	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Fond du Lac	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Fond du Lac	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Fond du Lac	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Fond du Lac	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Fond du Lac	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Fond du Lac	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Fond du Lac	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,860.00
Fond du Lac	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Fond du Lac	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Fond du Lac	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Fond du Lac	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Fond du Lac	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Fond du Lac	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Fond du Lac	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Fond du Lac	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Fond du Lac	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Fond du Lac	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Fond du Lac	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Fond du Lac	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Fond du Lac	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Fond du Lac	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Fond du Lac	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Fond du Lac	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Fond du Lac	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Fond du Lac	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Fond du Lac	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Fond du Lac	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Fond du Lac	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Fond du Lac	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$380.00	\$50.00	\$5,000.00
Fond du Lac	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$300.00	\$119.00	\$4,200.00
Fond du Lac	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$6,750.00
Fond du Lac	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$100.00	\$256.00	\$2,750.00
Fond du Lac	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Fond du Lac	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Fond du Lac	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Fond du Lac	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Fond du Lac	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Fond du Lac	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Forest County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Forest	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Forest	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Forest	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Forest	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Forest	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Forest	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Forest	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Forest	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Forest	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Forest	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Forest	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Forest	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Forest	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Forest	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Forest	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Forest	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Forest	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Forest	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Forest	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Forest	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Forest	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Forest	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Forest	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Forest	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Forest	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Forest	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Forest	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Forest	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Forest	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Forest	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Forest	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Forest	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Forest	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Forest	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Forest	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Forest	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Forest	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Forest	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Forest	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Forest	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Forest	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Forest	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Forest	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Forest	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Grant County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Grant	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Grant	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Grant	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Grant	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Grant	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Grant	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Grant	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Grant	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Grant	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Grant	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Grant	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Grant	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Grant	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Grant	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Grant	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Grant	H5256	1	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates SmartPlan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Grant	H5256	2	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Community Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Grant	H5256	4	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Freedom Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Grant	H5264	2	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Grant	H5264	5	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Grant	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Grant	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Grant	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Grant	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Grant	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Grant	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Green Lake County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Green Lake	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Green Lake	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Green Lake	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Green Lake	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Green Lake	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Green Lake	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Green Lake	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Green Lake	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Green Lake	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Green Lake	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Green Lake	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Green Lake	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Green Lake	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Green Lake	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Green Lake	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Green Lake	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Green Lake	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Green Lake	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Green Lake	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Green Lake	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Green Lake	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Green Lake	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Green Lake	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Green Lake	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Green Lake	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Green Lake	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Green Lake	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Green Lake	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Green Lake	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Green Lake	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Green Lake	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Green Lake	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Green Lake	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Green Lake	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Green Lake	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Green Lake	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Green Lake	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Green Lake	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Green Lake	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Green Lake	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Green Lake	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Green Lake	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Green Lake	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Green Lake	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Green Lake	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Green County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Green	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Green	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Green	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Green	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Green	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Green	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Green	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Green	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Green	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Green	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Green	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Green	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$615.00	\$26.00	\$5,400.00
Green	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	PPO	Enhanced	\$615.00	\$154.00	\$4,200.00
Green	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Green	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Green	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Green	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Green	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Green	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Green	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Green	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Green	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Green	H5262	7	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite D (w/Rx) (HMO)	HMO	Enhanced	\$200.00	\$162.00	\$4,200.00
Green	H5262	8	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value D (w/Rx) (HMO)	HMO	Enhanced	\$225.00	\$106.00	\$4,900.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Green	H5262	9	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Green	H5262	10	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,200.00
Green	H5262	23	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Core D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$34.00	\$5,400.00
Green	H5262	33	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Basic D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$0.00	\$6,400.00
Green	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Green	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Green	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Green	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Green	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Green	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Green	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Green	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$380.00	\$50.00	\$5,000.00
Green	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$300.00	\$119.00	\$4,200.00
Green	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$6,750.00
Green	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$100.00	\$256.00	\$2,750.00
Green	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Green	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Green	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Green	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Green	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Iowa County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Iowa	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Iowa	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Iowa	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Iowa	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Iowa	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Iowa	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Iowa	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Iowa	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Iowa	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Iowa	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Iowa	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Iowa	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Iowa	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Iowa	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Iowa	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Iowa	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Iowa	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$615.00	\$26.00	\$5,400.00
Iowa	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	PPO	Enhanced	\$615.00	\$154.00	\$4,200.00
Iowa	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Iowa	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Iowa	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Iowa	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Iowa	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Iowa	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Iowa	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Iowa	H5256	1	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates SmartPlan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Iowa	H5256	2	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Community Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Iowa	H5256	4	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Freedom Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Iowa	H5264	2	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Iowa	H5264	5	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Iowa	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Iowa	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Iowa	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Iowa	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Iowa	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Iowa	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Iowa	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Iowa	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Iowa	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$380.00	\$50.00	\$5,000.00
Iowa	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$300.00	\$119.00	\$4,200.00
Iowa	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$6,750.00
Iowa	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$100.00	\$256.00	\$2,750.00
Iowa	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Iowa	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Iowa	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Iowa	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Iowa	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Iron County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Iron	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Iron	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Iron	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Iron	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Iron	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Iron	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Iron	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Iron	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Iron	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Iron	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Iron	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Iron	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Iron	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Iron	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Iron	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Iron	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Iron	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Iron	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Iron	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Iron	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Iron	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Iron	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Iron	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Iron	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Iron	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Iron	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Iron	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Iron	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Iron	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Jackson County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Jackson	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Jackson	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Jackson	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Jackson	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Jackson	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Jackson	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Jackson	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Jackson	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Jackson	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Jackson	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Jackson	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Jackson	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Jackson	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Jackson	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Jackson	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Jackson	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Jackson	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Jackson	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Jackson	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Jackson	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Jackson	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Jackson	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Jackson	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Jackson	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Jackson	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Jackson	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Jackson	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Jackson	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Jackson	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Jefferson County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Jefferson	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Jefferson	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Jefferson	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Jefferson	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Jefferson	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Jefferson	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Jefferson	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Jefferson	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Jefferson	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Jefferson	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Jefferson	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Jefferson	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Jefferson	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$615.00	\$26.00	\$5,400.00
Jefferson	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	PPO	Enhanced	\$615.00	\$154.00	\$4,200.00
Jefferson	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Jefferson	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Jefferson	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Jefferson	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Jefferson	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Jefferson	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Jefferson	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Jefferson	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Jefferson	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Jefferson	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Jefferson	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Jefferson	H5264	2	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Jefferson	H5264	5	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Jefferson	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Jefferson	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Jefferson	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Jefferson	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Jefferson	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Jefferson	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Jefferson	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$380.00	\$50.00	\$5,000.00
Jefferson	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$300.00	\$119.00	\$4,200.00
Jefferson	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$6,750.00
Jefferson	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$100.00	\$256.00	\$2,750.00
Jefferson	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Jefferson	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Jefferson	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$315.00	\$0.00	\$4,400.00
Jefferson	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Jefferson	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Jefferson	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Juneau County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Juneau	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Juneau	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Juneau	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Juneau	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Juneau	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Juneau	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Juneau	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Juneau	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Juneau	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Juneau	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Juneau	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Juneau	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Juneau	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Juneau	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Juneau	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Juneau	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Juneau	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Juneau	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Juneau	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Juneau	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Juneau	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Juneau	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Juneau	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Juneau	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Juneau	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Juneau	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Juneau	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Kenosha County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Kenosha	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Kenosha	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Kenosha	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Kenosha	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Kenosha	H1206	2	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,900.00
Kenosha	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Kenosha	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Kenosha	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Kenosha	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Kenosha	H3794	6	UnitedHealthcare	UHC Dual Complete WI-D3 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$21.10	\$9,250.00
Kenosha	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Kenosha	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Kenosha	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Kenosha	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$320.00	\$0.00	\$4,500.00
Kenosha	H5215	14	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Kenosha	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Kenosha	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Kenosha	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Kenosha	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Kenosha	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Kenosha	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Kenosha	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$3,800.00
Kenosha	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Kenosha	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Kenosha	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Kenosha	H5253	33	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$4,900.00
Kenosha	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Kenosha	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Kenosha	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Kenosha	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Kenosha	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Kenosha	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	PPO	Enhanced	\$615.00	\$30.00	\$5,000.00
Kenosha	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Kenosha	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Kenosha	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	PPO	Enhanced	\$615.00	\$21.10	\$5,900.00
Kenosha	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,500.00
Kenosha	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Kenosha	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Kenosha	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Kenosha	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Kenosha	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Kenosha	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Kenosha	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Kenosha	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Kenosha	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$315.00	\$0.00	\$4,400.00
Kenosha	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Kenosha	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Kenosha	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Kewaunee County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Kewaunee	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Kewaunee	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Kewaunee	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Kewaunee	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Kewaunee	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Kewaunee	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Kewaunee	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Kewaunee	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Kewaunee	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Kewaunee	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Kewaunee	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Kewaunee	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Kewaunee	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Kewaunee	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Kewaunee	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Kewaunee	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Kewaunee	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Kewaunee	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Kewaunee	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Kewaunee	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Kewaunee	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Kewaunee	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Kewaunee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Kewaunee	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Kewaunee	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Kewaunee	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Kewaunee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Kewaunee	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Kewaunee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Kewaunee	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Kewaunee	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Kewaunee	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Kewaunee	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Kewaunee	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Kewaunee	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Kewaunee	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Kewaunee	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Kewaunee	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Kewaunee	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Kewaunee	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Kewaunee	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Kewaunee	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Kewaunee	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Kewaunee	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Kewaunee	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Kewaunee	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Kewaunee	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Kewaunee	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Kewaunee	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Kewaunee	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Kewaunee	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

La Crosse County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
La Crosse	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
La Crosse	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
La Crosse	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
La Crosse	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
La Crosse	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
La Crosse	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
La Crosse	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
La Crosse	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
La Crosse	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
La Crosse	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
La Crosse	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
La Crosse	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
La Crosse	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
La Crosse	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
La Crosse	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
La Crosse	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
La Crosse	H5262	1	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	HMO	Enhanced	\$200.00	\$196.00	\$3,500.00
La Crosse	H5262	3	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	HMO	Enhanced	\$225.00	\$90.00	\$4,200.00
La Crosse	H5262	4	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,200.00
La Crosse	H5262	5	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$3,500.00
La Crosse	H5262	21	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$29.00	\$5,900.00
La Crosse	H5262	29	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Dual Eligible (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
La Crosse	H5262	32	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$0.00	\$6,700.00
La Crosse	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
La Crosse	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
La Crosse	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
La Crosse	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
La Crosse	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
La Crosse	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
La Crosse	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
La Crosse	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
La Crosse	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
La Crosse	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
La Crosse	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Lafayette County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Lafayette	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Lafayette	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Lafayette	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Lafayette	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Lafayette	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Lafayette	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Lafayette	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Lafayette	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Lafayette	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Lafayette	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Lafayette	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Lafayette	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Lafayette	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Lafayette	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Lafayette	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Lafayette	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Lafayette	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Lafayette	H5256	1	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates SmartPlan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Lafayette	H5256	2	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Community Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Lafayette	H5256	4	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Freedom Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Lafayette	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Lafayette	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Lafayette	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Lafayette	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Lafayette	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Lafayette	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Lafayette	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Lafayette	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Lafayette	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Lafayette	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Lafayette	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Lafayette	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Langlade County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Langlade	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Langlade	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Langlade	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Langlade	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Langlade	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Langlade	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Langlade	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Langlade	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Langlade	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Langlade	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Langlade	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Langlade	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Langlade	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Langlade	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Langlade	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Langlade	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Langlade	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Langlade	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Langlade	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Langlade	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Langlade	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Langlade	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Langlade	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Langlade	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Langlade	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Langlade	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Langlade	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Langlade	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Langlade	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Langlade	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Langlade	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Langlade	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Langlade	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Langlade	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Langlade	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Langlade	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Lincoln County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Lincoln	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Lincoln	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Lincoln	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Lincoln	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Lincoln	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Lincoln	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Lincoln	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Lincoln	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Lincoln	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Lincoln	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Lincoln	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Lincoln	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Lincoln	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Lincoln	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Lincoln	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Lincoln	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Lincoln	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Lincoln	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Lincoln	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Lincoln	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Lincoln	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Lincoln	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Lincoln	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Lincoln	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Lincoln	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Lincoln	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Lincoln	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Lincoln	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Manitowoc County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Manitowoc	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Manitowoc	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Manitowoc	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Manitowoc	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Manitowoc	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Manitowoc	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Manitowoc	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Manitowoc	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Manitowoc	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Manitowoc	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Manitowoc	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Manitowoc	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Manitowoc	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Manitowoc	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Manitowoc	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Manitowoc	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Manitowoc	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,860.00
Manitowoc	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Manitowoc	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Manitowoc	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Manitowoc	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Manitowoc	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Manitowoc	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Manitowoc	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Manitowoc	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Manitowoc	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Manitowoc	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Manitowoc	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Manitowoc	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Manitowoc	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Manitowoc	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Manitowoc	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Manitowoc	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Manitowoc	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Manitowoc	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Manitowoc	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Manitowoc	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Manitowoc	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Manitowoc	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Manitowoc	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Manitowoc	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Manitowoc	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Manitowoc	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Manitowoc	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Manitowoc	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Manitowoc	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Manitowoc	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Manitowoc	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Manitowoc	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Manitowoc	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Marathon County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Marathon	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Marathon	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Marathon	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Marathon	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Marathon	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Marathon	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Marathon	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Marathon	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Marathon	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Marathon	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Marathon	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Marathon	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Marathon	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Marathon	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Marathon	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Marathon	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Marathon	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Marathon	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Marathon	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Marathon	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Marathon	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Marathon	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Marathon	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Marathon	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Marathon	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Marathon	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Marathon	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Marathon	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Marathon	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Marathon	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Marathon	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Marathon	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Marinette County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Marinette	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Marinette	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Marinette	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Marinette	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Marinette	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Marinette	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Marinette	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Marinette	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Marinette	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Marinette	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Marinette	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Marinette	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Marinette	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Marinette	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Marinette	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Marinette	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Marinette	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Marinette	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Marinette	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Marinette	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Marinette	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Marinette	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Marinette	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Marinette	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Marinette	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Marinette	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Marinette	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Marinette	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Marinette	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Marinette	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Marinette	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Marinette	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Marinette	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Marinette	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Marinette	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Marinette	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Marinette	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Marinette	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Marinette	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Marinette	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Marinette	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Marinette	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Marinette	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Marinette	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Marinette	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Marinette	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Marquette County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Marquette	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Marquette	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Marquette	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Marquette	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Marquette	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Marquette	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Marquette	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Marquette	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Marquette	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Marquette	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Marquette	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Marquette	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Marquette	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Marquette	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Marquette	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Marquette	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Marquette	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Marquette	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Marquette	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Marquette	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Marquette	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Marquette	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Marquette	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Marquette	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Marquette	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Marquette	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Marquette	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Marquette	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Marquette	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Marquette	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Marquette	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Marquette	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Marquette	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Marquette	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Marquette	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Marquette	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Marquette	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Marquette	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Marquette	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Marquette	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Marquette	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Marquette	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Marquette	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Marquette	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Marquette	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Marquette	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Marquette	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Marquette	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Marquette	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Marquette	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Marquette	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Marquette	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Marquette	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Menominee County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Menominee	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Menominee	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Menominee	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Menominee	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Menominee	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Menominee	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Menominee	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Menominee	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Menominee	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Menominee	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Menominee	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Menominee	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Menominee	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Menominee	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Menominee	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Menominee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Menominee	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Menominee	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Menominee	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Menominee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Menominee	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Menominee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Menominee	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Menominee	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Menominee	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Menominee	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Menominee	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Menominee	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Menominee	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Menominee	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Menominee	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Menominee	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Menominee	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Menominee	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Menominee	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Menominee	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Menominee	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Menominee	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Menominee	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Menominee	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Menominee	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Milwaukee County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Milwaukee	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Milwaukee	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Milwaukee	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Milwaukee	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Milwaukee	H1206	2	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,900.00
Milwaukee	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Milwaukee	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Milwaukee	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Milwaukee	H3794	6	UnitedHealthcare	UHC Dual Complete WI-D3 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$21.10	\$9,250.00
Milwaukee	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Milwaukee	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Milwaukee	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Milwaukee	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Milwaukee	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Milwaukee	H5215	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$340.00	\$0.00	\$4,500.00
Milwaukee	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$320.00	\$0.00	\$4,500.00
Milwaukee	H5215	14	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Milwaukee	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Milwaukee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Milwaukee	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Milwaukee	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Milwaukee	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Milwaukee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Milwaukee	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Milwaukee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Milwaukee	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$3,800.00
Milwaukee	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Milwaukee	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Milwaukee	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Milwaukee	H5253	33	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$4,900.00
Milwaukee	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Milwaukee	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Milwaukee	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Milwaukee	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Milwaukee	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	PPO	Enhanced	\$615.00	\$30.00	\$5,000.00
Milwaukee	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Milwaukee	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Milwaukee	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	PPO	Enhanced	\$615.00	\$21.10	\$5,900.00
Milwaukee	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,500.00
Milwaukee	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Milwaukee	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Milwaukee	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Milwaukee	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Milwaukee	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Milwaukee	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Milwaukee	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Milwaukee	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Milwaukee	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Milwaukee	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$315.00	\$0.00	\$4,400.00
Milwaukee	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Milwaukee	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Milwaukee	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Monroe County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Monroe	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Monroe	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Monroe	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Monroe	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Monroe	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Monroe	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Monroe	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Monroe	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Monroe	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Monroe	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Monroe	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Monroe	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Monroe	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Monroe	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Monroe	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Monroe	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Monroe	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Monroe	H5262	1	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	HMO	Enhanced	\$200.00	\$196.00	\$3,500.00
Monroe	H5262	3	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	HMO	Enhanced	\$225.00	\$90.00	\$4,200.00
Monroe	H5262	4	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,200.00
Monroe	H5262	5	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$3,500.00
Monroe	H5262	21	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$29.00	\$5,900.00
Monroe	H5262	32	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$0.00	\$6,700.00
Monroe	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Monroe	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Monroe	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Monroe	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Monroe	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Monroe	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Monroe	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Monroe	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Monroe	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Monroe	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Monroe	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Oconto County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Oconto	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Oconto	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Oconto	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Oconto	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Oconto	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Oconto	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Oconto	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Oconto	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Oconto	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Oconto	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Oconto	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Oconto	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Oconto	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Oconto	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Oconto	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Oconto	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Oconto	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Oconto	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Oconto	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Oconto	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Oconto	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Oconto	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Oconto	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Oconto	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Oconto	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Oconto	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Oconto	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Oconto	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Oconto	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Oconto	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Oconto	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Oconto	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Oconto	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Oconto	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Oconto	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Oconto	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Oconto	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Oconto	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Oconto	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Oconto	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Oconto	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Oconto	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Oconto	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Oconto	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Oconto	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Oconto	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Oconto	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Oconto	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Oconto	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Oconto	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Oconto	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Oconto	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Oneida County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Oneida	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Oneida	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Oneida	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Oneida	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Oneida	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Oneida	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Oneida	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Oneida	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Oneida	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Oneida	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Oneida	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Oneida	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Oneida	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Oneida	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Oneida	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Oneida	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Oneida	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Oneida	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Oneida	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Oneida	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Oneida	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Oneida	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Oneida	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Oneida	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Oneida	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Oneida	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Oneida	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Outagamie County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Outagamie	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Outagamie	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Outagamie	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Outagamie	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Outagamie	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Outagamie	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Outagamie	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Outagamie	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Outagamie	H3794	6	UnitedHealthcare	UHC Dual Complete WI-D3 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$21.10	\$9,250.00
Outagamie	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Outagamie	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Outagamie	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Outagamie	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Outagamie	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Outagamie	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Outagamie	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Outagamie	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Outagamie	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Outagamie	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Outagamie	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Outagamie	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Outagamie	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Outagamie	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,860.00
Outagamie	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Outagamie	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Outagamie	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Outagamie	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Outagamie	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Outagamie	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Outagamie	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Outagamie	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Outagamie	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Outagamie	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Outagamie	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Outagamie	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Outagamie	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Outagamie	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Outagamie	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Outagamie	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Outagamie	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Outagamie	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Outagamie	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Outagamie	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Outagamie	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Outagamie	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Outagamie	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Outagamie	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Outagamie	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Outagamie	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Outagamie	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Outagamie	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Outagamie	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Outagamie	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Outagamie	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Outagamie	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Outagamie	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Outagamie	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Ozaukee County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Ozaukee	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Ozaukee	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Ozaukee	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Ozaukee	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Ozaukee	H1206	2	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,900.00
Ozaukee	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Ozaukee	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Ozaukee	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Ozaukee	H3794	6	UnitedHealthcare	UHC Dual Complete WI-D3 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$21.10	\$9,250.00
Ozaukee	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Ozaukee	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Ozaukee	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Ozaukee	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Ozaukee	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Ozaukee	H5215	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$340.00	\$0.00	\$4,500.00
Ozaukee	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$320.00	\$0.00	\$4,500.00
Ozaukee	H5215	14	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Ozaukee	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Ozaukee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Ozaukee	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Ozaukee	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Ozaukee	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Ozaukee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Ozaukee	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Ozaukee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Ozaukee	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$3,800.00
Ozaukee	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Ozaukee	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Ozaukee	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Ozaukee	H5253	33	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$4,900.00
Ozaukee	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Ozaukee	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Ozaukee	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Ozaukee	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Ozaukee	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	PPO	Enhanced	\$615.00	\$30.00	\$5,000.00
Ozaukee	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Ozaukee	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Ozaukee	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	PPO	Enhanced	\$615.00	\$21.10	\$5,900.00
Ozaukee	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,500.00
Ozaukee	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Ozaukee	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Ozaukee	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Ozaukee	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Ozaukee	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Ozaukee	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Ozaukee	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Ozaukee	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Ozaukee	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Ozaukee	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Ozaukee	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Ozaukee	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Ozaukee	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Pepin County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Pepin	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Pepin	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Pepin	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Pepin	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Pepin	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Pepin	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Pepin	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Pepin	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Pepin	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Pepin	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Pepin	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Pepin	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Pepin	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Pepin	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Pepin	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Pepin	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Pepin	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Pepin	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Pepin	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Pepin	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Pepin	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Pepin	H5262	1	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	HMO	Enhanced	\$200.00	\$196.00	\$3,500.00
Pepin	H5262	3	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	HMO	Enhanced	\$225.00	\$90.00	\$4,200.00
Pepin	H5262	4	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Pepin	H5262	5	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$3,500.00
Pepin	H5262	21	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$29.00	\$5,900.00
Pepin	H5262	32	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$0.00	\$6,700.00
Pepin	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Pepin	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Pepin	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Pepin	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Pepin	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Pepin	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Pepin	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Pepin	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Pierce County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Pierce	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Pierce	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Pierce	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Pierce	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Pierce	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Pierce	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Pierce	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Pierce	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Pierce	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Pierce	H2462	26	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Pierce	H2462	27	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Pierce	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Pierce	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Pierce	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Pierce	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Pierce	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Pierce	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Pierce	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Pierce	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Pierce	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Pierce	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Pierce	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Pierce	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Pierce	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Pierce	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Pierce	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Pierce	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Pierce	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Pierce	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Polk County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Polk	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Polk	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Polk	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Polk	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Polk	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Polk	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Polk	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Polk	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Polk	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Polk	H2462	26	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Polk	H2462	27	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Polk	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Polk	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Polk	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Polk	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Polk	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Polk	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Polk	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Polk	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Polk	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Polk	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Polk	H5216	359	Humana	HumanaChoice H5216-359 (PPO)	PPO	Enhanced	\$615.00	\$10.00	\$5,900.00
Polk	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Polk	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Polk	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Polk	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Polk	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Polk	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Polk	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Polk	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Portage County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Portage	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Portage	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Portage	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Portage	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Portage	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Portage	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Portage	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Portage	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Portage	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Portage	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Portage	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Portage	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Portage	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Portage	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Portage	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Portage	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Portage	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Portage	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Portage	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Portage	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Portage	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Portage	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Portage	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Portage	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Portage	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Portage	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Portage	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Portage	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Portage	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Portage	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Portage	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Portage	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Portage	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Portage	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Portage	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Portage	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Portage	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Portage	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Portage	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Portage	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Portage	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Portage	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Price County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Price	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Price	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Price	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Price	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Price	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Price	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Price	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Price	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Price	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Price	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Price	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Price	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Price	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Price	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Price	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Price	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Price	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Price	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Price	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Price	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Price	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Price	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Price	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Price	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Price	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Racine County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Racine	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Racine	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Racine	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Racine	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Racine	H1206	2	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,900.00
Racine	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Racine	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Racine	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Racine	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Racine	H3794	6	UnitedHealthcare	UHC Dual Complete WI-D3 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$21.10	\$9,250.00
Racine	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Racine	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Racine	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Racine	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Racine	H5215	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$340.00	\$0.00	\$4,500.00
Racine	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$320.00	\$0.00	\$4,500.00
Racine	H5215	14	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Racine	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Racine	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Racine	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Racine	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Racine	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Racine	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Racine	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Racine	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Racine	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$3,800.00
Racine	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Racine	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Racine	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Racine	H5253	33	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$4,900.00
Racine	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Racine	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Racine	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Racine	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Racine	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	PPO	Enhanced	\$615.00	\$30.00	\$5,000.00
Racine	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Racine	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Racine	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	PPO	Enhanced	\$615.00	\$21.10	\$5,900.00
Racine	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,500.00
Racine	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Racine	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Racine	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Racine	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Racine	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Racine	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Racine	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Racine	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Racine	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Racine	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$315.00	\$0.00	\$4,400.00
Racine	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Racine	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Racine	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Richland County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Richland	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Richland	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Richland	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Richland	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Richland	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Richland	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Richland	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Richland	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Richland	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Richland	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Richland	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Richland	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Richland	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Richland	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	PPO	Enhanced	\$615.00	\$154.00	\$4,200.00
Richland	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Richland	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Richland	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Richland	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Richland	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Richland	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Richland	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Richland	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Richland	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Richland	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Richland	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Rock County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Rock	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Rock	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Rock	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Rock	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Rock	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Rock	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Rock	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Rock	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Rock	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Rock	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Rock	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Rock	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$615.00	\$26.00	\$5,400.00
Rock	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	PPO	Enhanced	\$615.00	\$154.00	\$4,200.00
Rock	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Rock	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Rock	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Rock	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Rock	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Rock	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Rock	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Rock	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Rock	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Rock	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Rock	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Rock	H5264	2	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Rock	H5264	5	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Rock	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Rock	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Rock	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Rock	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Rock	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Rock	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Rock	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$380.00	\$50.00	\$5,000.00
Rock	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$300.00	\$119.00	\$4,200.00
Rock	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$6,750.00
Rock	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$100.00	\$256.00	\$2,750.00
Rock	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Rock	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Rock	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Rock	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Rock	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Rusk County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Rusk	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Rusk	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Rusk	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Rusk	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Rusk	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Rusk	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Rusk	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Rusk	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Rusk	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Rusk	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Rusk	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Rusk	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Rusk	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Rusk	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Rusk	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Rusk	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Rusk	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Rusk	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Rusk	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Rusk	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Rusk	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Rusk	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Rusk	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Rusk	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Rusk	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Rusk	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Sauk County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Sauk	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Sauk	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Sauk	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Sauk	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Sauk	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Sauk	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Sauk	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Sauk	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Sauk	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Sauk	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Sauk	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Sauk	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Sauk	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Sauk	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Sauk	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Sauk	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Sauk	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$615.00	\$26.00	\$5,400.00
Sauk	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Sauk	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Sauk	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Sauk	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Sauk	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Sauk	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Sauk	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Sauk	H5264	2	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Sauk	H5264	5	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Sauk	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Sauk	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Sauk	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Sauk	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Sauk	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Sauk	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Sauk	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Sauk	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Sauk	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$380.00	\$50.00	\$5,000.00
Sauk	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$300.00	\$119.00	\$4,200.00
Sauk	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$6,750.00
Sauk	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$100.00	\$256.00	\$2,750.00
Sauk	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Sauk	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Sauk	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Sauk	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Sauk	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Sawyer County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Sawyer	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Sawyer	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Sawyer	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Sawyer	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Sawyer	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Sawyer	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Sawyer	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Sawyer	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Sawyer	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Sawyer	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Sawyer	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Sawyer	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Sawyer	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Sawyer	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Sawyer	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Sawyer	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Sawyer	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Sawyer	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Sawyer	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Sawyer	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Sawyer	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Sawyer	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Sawyer	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Shawano County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Shawano	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Shawano	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Shawano	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Shawano	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Shawano	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Shawano	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Shawano	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Shawano	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Shawano	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Shawano	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Shawano	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Shawano	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Shawano	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Shawano	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Shawano	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Shawano	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Shawano	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Shawano	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Shawano	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Shawano	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Shawano	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,860.00
Shawano	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Shawano	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Shawano	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Shawano	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Shawano	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Shawano	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Shawano	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Shawano	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Shawano	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Shawano	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Shawano	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Shawano	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Shawano	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Shawano	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Shawano	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Shawano	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Shawano	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Shawano	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Shawano	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Shawano	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Shawano	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Shawano	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Shawano	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Shawano	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Shawano	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Shawano	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Shawano	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Shawano	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Shawano	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Shawano	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Shawano	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Shawano	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Shawano	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Shawano	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Sheboygan County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Sheboygan	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Sheboygan	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Sheboygan	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Sheboygan	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Sheboygan	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Sheboygan	H1206	2	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,900.00
Sheboygan	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Sheboygan	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Sheboygan	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Sheboygan	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Sheboygan	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Sheboygan	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Sheboygan	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Sheboygan	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Sheboygan	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Sheboygan	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Sheboygan	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,860.00
Sheboygan	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Sheboygan	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Sheboygan	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Sheboygan	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Sheboygan	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Sheboygan	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Sheboygan	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Sheboygan	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Sheboygan	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Sheboygan	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Sheboygan	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Sheboygan	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Sheboygan	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Sheboygan	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Sheboygan	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Sheboygan	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Sheboygan	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Sheboygan	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	PPO	Enhanced	\$615.00	\$30.00	\$5,000.00
Sheboygan	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Sheboygan	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Sheboygan	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	PPO	Enhanced	\$615.00	\$21.10	\$5,900.00
Sheboygan	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,500.00
Sheboygan	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Sheboygan	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Sheboygan	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Sheboygan	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Sheboygan	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Sheboygan	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Sheboygan	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Sheboygan	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Sheboygan	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Sheboygan	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Sheboygan	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Sheboygan	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Sheboygan	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

St. Croix County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
St. Croix	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
St. Croix	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
St. Croix	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
St. Croix	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
St. Croix	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
St. Croix	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
St. Croix	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
St. Croix	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
St. Croix	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
St. Croix	H2462	26	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
St. Croix	H2462	27	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
St. Croix	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
St. Croix	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
St. Croix	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
St. Croix	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
St. Croix	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
St. Croix	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
St. Croix	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
St. Croix	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
St. Croix	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Taylor County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Taylor	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Taylor	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Taylor	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Taylor	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Taylor	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Taylor	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Taylor	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Taylor	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Taylor	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Taylor	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Taylor	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Taylor	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Taylor	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Taylor	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Taylor	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Taylor	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Taylor	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Taylor	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Taylor	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Taylor	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Taylor	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Taylor	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Taylor	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Taylor	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Taylor	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Taylor	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Taylor	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Taylor	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Taylor	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Taylor	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Taylor	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Trempealeau County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Trempealeau	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Trempealeau	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Trempealeau	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Trempealeau	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Trempealeau	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Trempealeau	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Trempealeau	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Trempealeau	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Trempealeau	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Trempealeau	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Trempealeau	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Trempealeau	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Trempealeau	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Trempealeau	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Trempealeau	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Trempealeau	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Trempealeau	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Trempealeau	H5262	1	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	HMO	Enhanced	\$200.00	\$196.00	\$3,500.00
Trempealeau	H5262	3	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	HMO	Enhanced	\$225.00	\$90.00	\$4,200.00
Trempealeau	H5262	4	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$4,200.00
Trempealeau	H5262	5	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	HMO	Not Applicable	Not Applicable	Not Applicable	\$3,500.00
Trempealeau	H5262	21	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$29.00	\$5,900.00
Trempealeau	H5262	32	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	HMO	Enhanced	\$270.00	\$0.00	\$6,700.00
Trempealeau	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Trempealeau	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Trempealeau	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Trempealeau	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Trempealeau	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Trempealeau	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Trempealeau	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Trempealeau	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Trempealeau	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Trempealeau	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Trempealeau	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Trempealeau	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Vernon County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Vernon	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Vernon	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Vernon	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Vernon	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Vernon	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Vernon	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Vernon	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Vernon	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Vernon	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Vernon	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Vernon	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Vernon	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Vernon	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Vernon	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Vernon	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Vernon	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Vernon	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Vernon	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Vernon	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Vernon	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Vernon	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Vernon	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Vernon	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Vernon	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Vernon	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Vernon	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Vernon	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Vilas County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Vilas	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Vilas	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Vilas	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Vilas	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Vilas	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Vilas	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Vilas	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Vilas	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Vilas	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Vilas	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Vilas	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Vilas	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Vilas	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Vilas	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Vilas	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Vilas	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Vilas	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Vilas	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Vilas	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Vilas	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Vilas	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Vilas	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Vilas	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Vilas	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Vilas	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Vilas	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Walworth County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Walworth	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Walworth	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Walworth	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$600.00	\$89.00	\$6,700.00
Walworth	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Walworth	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Walworth	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Walworth	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Walworth	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Walworth	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Walworth	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Walworth	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$615.00	\$26.00	\$5,400.00
Walworth	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	PPO	Enhanced	\$615.00	\$154.00	\$4,200.00
Walworth	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Walworth	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Walworth	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Walworth	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Walworth	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Walworth	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Walworth	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$4,900.00
Walworth	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Walworth	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Walworth	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Walworth	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Walworth	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Walworth	H7617	7	Humana	HumanaChoice H7617-007 (PPO)	PPO	Enhanced	\$615.00	\$47.00	\$9,250.00
Walworth	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Walworth	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Walworth	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Walworth	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Walworth	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Walworth	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Walworth	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$315.00	\$0.00	\$4,400.00
Walworth	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Walworth	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Walworth	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Washburn County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Washburn	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Washburn	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Washburn	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Washburn	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$615.00	\$92.80	\$6,750.00
Washburn	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Washburn	H2450	38	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Washburn	H2450	39	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	Enhanced	\$615.00	\$236.70	\$4,000.00
Washburn	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,900.00
Washburn	H2450	51	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Washburn	H2462	26	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Washburn	H2462	27	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Washburn	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$4,000.00
Washburn	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Washburn	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Washburn	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Washburn	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Washburn	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Washburn	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Washburn	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Washburn	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Washburn	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Washburn	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Washburn	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Washburn	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Washburn	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Washburn	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Washington County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Washington	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Washington	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Washington	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Washington	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Washington	H1206	2	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,900.00
Washington	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Washington	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Washington	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Washington	H3794	6	UnitedHealthcare	UHC Dual Complete WI-D3 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$21.10	\$9,250.00
Washington	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Washington	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Washington	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Washington	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Washington	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Washington	H5215	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$340.00	\$0.00	\$4,500.00
Washington	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$320.00	\$0.00	\$4,500.00
Washington	H5215	14	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Washington	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Washington	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Washington	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Washington	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Washington	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Washington	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Washington	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Washington	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Washington	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$3,800.00
Washington	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Washington	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Washington	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Washington	H5253	33	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$4,900.00
Washington	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Washington	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Washington	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Washington	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Washington	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	PPO	Enhanced	\$615.00	\$30.00	\$5,000.00
Washington	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Washington	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Washington	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	PPO	Enhanced	\$615.00	\$21.10	\$5,900.00
Washington	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,500.00
Washington	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Washington	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Washington	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Washington	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Washington	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Washington	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Washington	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Washington	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Washington	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Washington	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Washington	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Washington	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Washington	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Waukesha County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Waukesha	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Waukesha	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Waukesha	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Waukesha	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Waukesha	H1206	2	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,900.00
Waukesha	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Waukesha	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Waukesha	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Waukesha	H3794	6	UnitedHealthcare	UHC Dual Complete WI-D3 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$21.10	\$9,250.00
Waukesha	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Waukesha	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Waukesha	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Waukesha	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Waukesha	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Waukesha	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Waukesha	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Waukesha	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Waukesha	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Waukesha	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Waukesha	H5215	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$340.00	\$0.00	\$4,500.00
Waukesha	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$320.00	\$0.00	\$4,500.00
Waukesha	H5215	14	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Waukesha	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Waukesha	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Waukesha	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Waukesha	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Waukesha	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Waukesha	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Waukesha	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Waukesha	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Waukesha	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$44.00	\$3,800.00
Waukesha	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Waukesha	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Waukesha	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Waukesha	H5253	33	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$4,900.00
Waukesha	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Waukesha	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Waukesha	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Waukesha	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Waukesha	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	PPO	Enhanced	\$615.00	\$30.00	\$5,000.00
Waukesha	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Waukesha	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Waukesha	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	PPO	Enhanced	\$615.00	\$21.10	\$5,900.00
Waukesha	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,500.00
Waukesha	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Waukesha	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Waukesha	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Waukesha	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Waukesha	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Waukesha	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Waukesha	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Waukesha	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Waukesha	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Waukesha	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$315.00	\$0.00	\$4,400.00
Waukesha	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Waukesha	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Waukesha	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Waupaca County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Waupaca	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Waupaca	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Waupaca	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Waupaca	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Waupaca	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Waupaca	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Waupaca	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Waupaca	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Waupaca	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Waupaca	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Waupaca	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Waupaca	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Waupaca	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Waupaca	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Waupaca	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Waupaca	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Waupaca	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Waupaca	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Waupaca	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Waupaca	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Waupaca	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,860.00
Waupaca	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Waupaca	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00
Waupaca	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Waupaca	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Waupaca	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Waupaca	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Waupaca	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Waupaca	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Waupaca	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Waupaca	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Waupaca	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Waupaca	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Waupaca	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Waupaca	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Waupaca	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Waupaca	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Waupaca	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Waupaca	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Waupaca	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Waupaca	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Waupaca	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Waupaca	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Waupaca	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Waupaca	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Waupaca	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Waupaca	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Waupaca	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Waupaca	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Waupaca	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Waupaca	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Waupaca	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Waupaca	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Waupaca	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Waupaca	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Waushara County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Waushara	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Waushara	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Waushara	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Waushara	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Waushara	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Waushara	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$20.90	\$9,250.00
Waushara	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Waushara	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Waushara	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Waushara	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Waushara	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Waushara	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Waushara	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Waushara	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Waushara	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Waushara	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Waushara	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Waushara	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Waushara	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Waushara	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Waushara	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Waushara	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,860.00
Waushara	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Waushara	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Waushara	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Waushara	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Waushara	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Waushara	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Waushara	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Waushara	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Waushara	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Waushara	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Waushara	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Waushara	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Waushara	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Waushara	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Waushara	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Waushara	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Waushara	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,900.00
Waushara	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$615.00	\$27.00	\$5,200.00
Waushara	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Waushara	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Waushara	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Waushara	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Waushara	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Waushara	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Waushara	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Waushara	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Waushara	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Waushara	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Waushara	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Waushara	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Waushara	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Waushara	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Winnebago County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Winnebago	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$600.00	\$0.00	\$6,700.00
Winnebago	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$600.00	\$95.00	\$6,700.00
Winnebago	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$600.00	\$50.00	\$6,700.00
Winnebago	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Winnebago	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Winnebago	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Winnebago	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Winnebago	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$275.00	\$68.00	\$4,500.00
Winnebago	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Winnebago	H5209	5	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$13.30	\$9,250.00
Winnebago	H5209	6	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$0.00	\$9,250.00
Winnebago	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Winnebago	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Winnebago	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Winnebago	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Winnebago	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Winnebago	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$340.00	\$73.00	\$3,400.00
Winnebago	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$340.00	\$226.00	\$3,400.00
Winnebago	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Winnebago	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,900.00
Winnebago	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,700.00
Winnebago	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$330.00	\$0.00	\$3,860.00
Winnebago	H5215	13	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Winnebago	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$615.00	\$81.00	\$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Winnebago	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$615.00	\$21.10	\$9,250.00
Winnebago	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Winnebago	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Winnebago	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Winnebago	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Winnebago	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Winnebago	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$15.30	\$9,250.00
Winnebago	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$615.00	\$7.70	\$9,250.00
Winnebago	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$440.00	\$59.00	\$4,100.00
Winnebago	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Winnebago	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$7.50	\$9,250.00
Winnebago	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$5,400.00
Winnebago	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$270.00	\$21.10	\$4,000.00
Winnebago	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$600.00	\$0.00	\$6,700.00
Winnebago	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	HMO-POS C-SNP	Enhanced	\$520.00	\$0.00	\$5,400.00
Winnebago	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,200.00
Winnebago	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Winnebago	H6309	1	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$5,000.00
Winnebago	H6309	2	HealthPartners	HealthPartners Cedar (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$6,000.00
Winnebago	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$615.00	\$0.00	\$4,200.00
Winnebago	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Winnebago	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Winnebago	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Winnebago	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$615.00	\$37.00	\$6,800.00
Winnebago	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Winnebago	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Winnebago	H8189	8	Wellcare by Allwell	Wellcare Simple (HMO-POS)	HMO-POS	Enhanced	\$615.00	\$0.00	\$5,300.00
Winnebago	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Winnebago	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$350.00	\$39.00	\$4,300.00
Winnebago	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Winnebago	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Winnebago	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00

Wood County Landscape

Data as of September 28, 2025. Includes CY2026 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. **Plans highlighted grey (SNP) require additional eligibilities beyond Medicare A and B. This may include Wisconsin Medicaid or other qualifying cronic conditions.**

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Wood	H0294	14	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Wood	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Enhanced	\$615.00	\$9.00	\$9,250.00
Wood	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Wood	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$18.90	\$9,250.00
Wood	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Enhanced	\$615.00	\$17.30	\$4,900.00
Wood	H5211	1	Security Health Plan of Wisconsin, Inc.	Spirit (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$1,500.00
Wood	H5211	2	Security Health Plan of Wisconsin, Inc.	Essence Rx (HMO-POS)	HMO-POS	Enhanced	\$330.00	\$87.00	\$3,800.00
Wood	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Wood	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$0.00	\$269.00	\$2,200.00
Wood	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,050.00
Wood	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$0.00	\$5,000.00
Wood	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Wood	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$4,200.00
Wood	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Wood	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Wood	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00
Wood	H5253	21	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
Wood	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$520.00	\$0.00	\$6,700.00
Wood	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,500.00
Wood	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Wood	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$615.00	\$21.10	\$9,250.00
Wood	H7598	4	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	Enhanced	\$275.00	\$0.00	\$6,000.00
Wood	H7617	11	Humana	HumanaChoice Giveback H7617-011 (PPO)	PPO	Enhanced	\$615.00	\$0.00	\$5,000.00
Wood	H7617	20	Humana	Humana Full Access H7617-020 (PPO)	PPO	Enhanced	\$400.00	\$0.00	\$5,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Medicare Health Plan	Drug Benefit Type	Annual Drug Deductible	Monthly Premium (C&D)	In-network MOOP Amount **
Wood	H7617	22	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,000.00
Wood	H8189	1	Wellcare by Allwell	Wellcare Dual Access Sync (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$400.00	\$13.10	\$9,250.00
Wood	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$615.00	\$10.40	\$5,100.00
Wood	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Enhanced	\$615.00	\$3.60	\$9,250.00
Wood	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Enhanced	\$590.00	\$0.00	\$9,250.00
Wood	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00
Wood	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$615.00	\$103.00	\$7,200.00