

Adams County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$340.00	\$ -	\$6,700.00
Adams	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$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	\$420.00	\$ -	\$5,900.00
Adams	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Adams	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Adams	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Adams	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Adams	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Adams	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Adams	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Adams	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$ -	\$4,700.00
Adams	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Adams	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
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	\$5,500.00
Adams	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Adams	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$43.00	\$4,100.00

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 **
Adams	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$ -	\$4,900.00
Adams	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$ -	\$6,700.00
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 Value (PPO)	PPO	Enhanced	\$590.00	\$ -	\$4,900.00
Adams	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$590.00	\$166.00	\$1,500.00
Adams	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Adams	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$245.00	\$ -	\$4,500.00
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	\$590.00	\$43.50	\$9,350.00
Adams	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Adams	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Adams	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00
Adams	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Adams	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$ -	\$4,400.00
Adams	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$ 4.50	\$4,500.00
Adams	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Ashland County Landscape

Data as of September 27, 2024. Includes CY2025 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

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** 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$101.80	\$6,700.00
Ashland	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Ashland	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Ashland	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Ashland	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Ashland	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Ashland	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Ashland	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Ashland	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Ashland	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Ashland	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Ashland	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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 **
Ashland	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Ashland	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Ashland	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Ashland	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Ashland	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Ashland	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Barron County Landscape

Data as of September 27, 2024. Includes CY2025 approved contracts/plans. Employer sponsored plans are excluded. Plans under sanction are not shown.

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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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$101.80	\$6,700.00
Barron	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Barron	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Barron	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Barron	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Barron	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Barron	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Barron	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Barron	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Barron	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
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	\$ 590.00	\$43.50	\$9,350.00

Bayfield County Landscape

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** 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Bayfield	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Bayfield	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Bayfield	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$ 590.00	\$101.80	\$6,700.00
Bayfield	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Bayfield	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Bayfield	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Bayfield	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Bayfield	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Bayfield	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Bayfield	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Bayfield	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Bayfield	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Bayfield	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00

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Bayfield	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Bayfield	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Bayfield	H8783	1	UCare	EssentiaCare Secure (PPO)	PPO	Enhanced	\$ 95.00	\$ 8.00	\$4,500.00
Bayfield	H8783	2	UCare	EssentiaCare Grand (PPO)	PPO	Enhanced	\$ -	\$62.00	\$3,000.00
Bayfield	H8783	3	UCare	EssentiaCare Access (PPO)	PPO	Enhanced	\$125.00	\$ -	\$4,400.00
Bayfield	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Bayfield	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$ -	\$4,400.00
Bayfield	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Bayfield	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Brown County Landscape

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Brown	H0294	2	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	PPO C-SNP	Enhanced	\$ 340.00	\$ -	\$6,700.00
Brown	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Brown	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Brown	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Brown	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Brown	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Brown	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Brown	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Brown	H3794	6	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Brown	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Brown	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Brown	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Brown	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$ 200.00	\$ -	\$4,500.00
Brown	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$ 200.00	\$62.00	\$4,500.00
Brown	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Brown	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$13.40	\$9,350.00
Brown	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Brown	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$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
Brown	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$ 370.00	\$73.00	\$3,400.00
Brown	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$ 310.00	\$226.00	\$3,400.00
Brown	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Brown	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Brown	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
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	\$ 590.00	\$82.00	\$4,150.00
Brown	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Brown	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Brown	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Brown	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Brown	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Brown	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Brown	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Brown	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
Brown	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	Basic	\$ 590.00	\$38.10	\$9,350.00
Brown	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Brown	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Brown	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Brown	H5521	283	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ -	\$ -	\$4,250.00
Brown	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Brown	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Brown	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Brown	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Brown	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Brown	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Brown	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Brown	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Brown	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00

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
Brown	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Buffalo County Landscape

Data as of September 27, 2024. Includes CY2025 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Buffalo	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Buffalo	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Buffalo	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$ 590.00	\$101.80	\$6,700.00
Buffalo	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Buffalo	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Buffalo	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Buffalo	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Buffalo	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Buffalo	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Buffalo	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Buffalo	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Buffalo	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Buffalo	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
Buffalo	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Buffalo	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Buffalo	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Buffalo	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Buffalo	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Buffalo	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Burnett County Landscape

Data as of September 27, 2024. Includes CY2025 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	23	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0008 (PPO)	PPO	Enhanced	\$570.00	\$22.00	\$6,700.00
Burnett	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$101.80	\$6,700.00
Burnett	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$590.00	\$169.60	\$4,000.00
Burnett	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Burnett	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$590.00	\$293.40	\$3,000.00
Burnett	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
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	\$3,400.00
Burnett	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Burnett	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Burnett	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Burnett	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$ -	\$4,700.00
Burnett	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00

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	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Burnett	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Burnett	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Burnett	H5216	359	Humana	HumanaChoice H5216-359 (PPO)	PPO	Enhanced	\$ 590.00	\$11.00	\$5,900.00
Burnett	H5216	397	Humana	HumanaChoice H5216-397 (PPO)	PPO	Enhanced	\$ 250.00	\$56.00	\$4,150.00
Burnett	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Burnett	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Burnett	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Burnett	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Burnett	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Calumet County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Calumet	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Calumet	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Calumet	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$43.50	\$9,350.00
Calumet	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Calumet	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Calumet	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Calumet	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Calumet	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Calumet	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Calumet	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$ 200.00	\$ -	\$4,500.00
Calumet	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$ 200.00	\$62.00	\$4,500.00
Calumet	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Calumet	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
Calumet	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$ 370.00	\$73.00	\$3,400.00
Calumet	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$ 310.00	\$226.00	\$3,400.00
Calumet	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Calumet	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Calumet	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
Calumet	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$145.00	\$ -	\$3,860.00

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	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	\$ 590.00	\$82.00	\$4,150.00
Calumet	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Calumet	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Calumet	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Calumet	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Calumet	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Calumet	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Calumet	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Calumet	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	Basic	\$ 590.00	\$38.10	\$9,350.00
Calumet	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Calumet	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$ -	\$6,700.00
Calumet	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Calumet	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Calumet	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Calumet	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Calumet	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Calumet	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Calumet	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Chippewa County Landscape

Data as of September 27, 2024. Includes CY2025 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$101.80	\$6,700.00
Chippewa	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Chippewa	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Chippewa	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Chippewa	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Chippewa	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Chippewa	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Chippewa	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Chippewa	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Chippewa	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Chippewa	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Chippewa	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
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	\$ 340.00	\$ -	\$6,700.00
Chippewa	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$44.00	\$5,400.00
Chippewa	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Chippewa	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Chippewa	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Chippewa	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Chippewa	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Clark County Landscape

Data as of September 27, 2024. Includes CY2025 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Clark	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Clark	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Clark	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Clark	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Clark	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Clark	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Clark	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Clark	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Clark	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Clark	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Clark	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Clark	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Clark	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00

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	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Clark	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Clark	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Clark	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Clark	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Columbia County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Columbia	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$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	\$ 420.00	\$36.00	\$6,700.00
Columbia	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Columbia	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Columbia	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Columbia	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Columbia	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Columbia	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Columbia	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Columbia	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Columbia	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$13.40	\$9,350.00
Columbia	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Columbia	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Columbia	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$ 250.00	\$37.00	\$4,900.00
Columbia	H5216	168	Humana	Humana Full Access H5216-168 (PPO)	PPO	Enhanced	\$ 590.00	\$155.00	\$4,150.00
Columbia	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00

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	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Columbia	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Columbia	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Columbia	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$4,900.00
Columbia	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Columbia	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Columbia	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Columbia	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Columbia	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Columbia	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Columbia	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Columbia	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Columbia	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$ 300.00	\$53.00	\$4,500.00
Columbia	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$ 200.00	\$102.00	\$3,650.00
Columbia	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$ 420.00	\$ -	\$5,500.00
Columbia	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$ -	\$256.00	\$2,000.00
Columbia	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Columbia	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Columbia	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Columbia	H9525	15	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,151.00
Columbia	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Crawford County Landscape

Data as of September 27, 2024. Includes CY2025 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Crawford	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Crawford	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Crawford	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Crawford	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Crawford	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Crawford	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Crawford	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Crawford	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$ 250.00	\$37.00	\$4,900.00
Crawford	H5216	168	Humana	Humana Full Access H5216-168 (PPO)	PPO	Enhanced	\$ 590.00	\$155.00	\$4,150.00
Crawford	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Crawford	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
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	\$ 590.00	\$43.50	\$9,350.00

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	Basic	\$ 590.00	\$38.50	\$9,350.00
Crawford	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Crawford	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Crawford	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Dane County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Dane	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$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	\$ 420.00	\$36.00	\$6,700.00
Dane	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dane	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dane	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dane	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dane	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dane	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Dane	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Dane	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Dane	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$13.40	\$9,350.00
Dane	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Dane	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Dane	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$ 250.00	\$37.00	\$4,900.00
Dane	H5216	168	Humana	Humana Full Access H5216-168 (PPO)	PPO	Enhanced	\$ 590.00	\$155.00	\$4,150.00
Dane	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00

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	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Dane	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Dane	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
Dane	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$4,900.00
Dane	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Dane	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Dane	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Dane	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Dane	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Dane	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Dane	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Dane	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Dane	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Dane	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Dane	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$ 300.00	\$53.00	\$4,500.00
Dane	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$ 200.00	\$102.00	\$3,650.00
Dane	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$ 420.00	\$ -	\$5,500.00
Dane	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$ -	\$256.00	\$2,000.00
Dane	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Dane	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Dane	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Dane	H9525	15	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,151.00
Dane	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Dodge County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Dodge	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Dodge	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Dodge	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dodge	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dodge	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dodge	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dodge	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dodge	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Dodge	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Dodge	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Dodge	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Dodge	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$13.40	\$9,350.00
Dodge	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
Dodge	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$ 370.00	\$73.00	\$3,400.00
Dodge	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$ 310.00	\$226.00	\$3,400.00
Dodge	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Dodge	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Dodge	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
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	\$ 590.00	\$82.00	\$4,150.00
Dodge	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00

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	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Dodge	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Dodge	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Dodge	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Dodge	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Dodge	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dodge	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	\$ 340.00	\$ -	\$4,900.00
Dodge	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Dodge	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
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	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Dodge	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Dodge	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Dodge	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$ 300.00	\$53.00	\$4,500.00
Dodge	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$ 200.00	\$102.00	\$3,650.00
Dodge	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$ 420.00	\$ -	\$5,500.00
Dodge	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$ -	\$256.00	\$2,000.00
Dodge	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Dodge	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Dodge	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Dodge	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Dodge	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Door County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Door	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Door	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$420.00	\$ -	\$5,900.00
Door	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Door	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Door	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Door	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Door	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Door	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Door	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$ -	\$4,700.00
Door	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Door	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$200.00	\$ -	\$4,500.00
Door	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$200.00	\$62.00	\$4,500.00
Door	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Door	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Door	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$ -	\$5,000.00
Door	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$370.00	\$73.00	\$3,400.00
Door	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$310.00	\$226.00	\$3,400.00

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
Door	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Door	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Door	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
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	\$ 590.00	\$82.00	\$4,150.00
Door	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Door	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Door	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Door	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Door	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Door	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	\$ 340.00	\$ -	\$4,900.00
Door	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Door	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Door	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Door	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Door	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Douglas County Landscape

Data as of September 27, 2024. Includes CY2025 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	23	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0008 (PPO)	PPO	Enhanced	\$ 570.00	\$22.00	\$6,700.00
Douglas	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Douglas	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Douglas	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Douglas	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$ 590.00	\$101.80	\$6,700.00
Douglas	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Douglas	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Douglas	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Douglas	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
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	\$3,400.00
Douglas	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Douglas	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Douglas	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Douglas	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Douglas	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Douglas	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00

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
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	\$ -	\$247.40	\$2,000.00
Douglas	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Douglas	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Douglas	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Douglas	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Douglas	H5216	359	Humana	HumanaChoice H5216-359 (PPO)	PPO	Enhanced	\$ 590.00	\$11.00	\$5,900.00
Douglas	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
Douglas	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Douglas	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Douglas	H8783	1	UCare	EssentiaCare Secure (PPO)	PPO	Enhanced	\$ 95.00	\$ 8.00	\$4,500.00
Douglas	H8783	2	UCare	EssentiaCare Grand (PPO)	PPO	Enhanced	\$ -	\$62.00	\$3,000.00
Douglas	H8783	3	UCare	EssentiaCare Access (PPO)	PPO	Enhanced	\$ 125.00	\$ -	\$4,400.00
Douglas	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Douglas	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Douglas	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Douglas	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Dunn County Landscape

Data as of September 27, 2024. Includes CY2025 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$101.80	\$6,700.00
Dunn	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Dunn	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Dunn	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Dunn	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
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	\$3,400.00
Dunn	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Dunn	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dunn	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Dunn	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Dunn	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00

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
Dunn	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Dunn	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Dunn	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Dunn	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Dunn	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Dunn	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Dunn	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Dunn	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Eau Claire County Landscape

Data as of September 27, 2024. Includes CY2025 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$101.80	\$6,700.00
Eau Claire	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Eau Claire	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Eau Claire	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Eau Claire	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Eau Claire	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Eau Claire	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Eau Claire	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Eau Claire	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Eau Claire	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Eau Claire	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Eau Claire	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
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	\$ 340.00	\$ -	\$6,700.00
Eau Claire	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$44.00	\$5,400.00
Eau Claire	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Eau Claire	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Eau Claire	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Eau Claire	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Eau Claire	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Eau Claire	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Florence County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Florence	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Florence	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Florence	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Florence	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Florence	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Florence	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Florence	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Florence	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Florence	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Florence	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Florence	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$ 200.00	\$ -	\$4,500.00
Florence	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$ 200.00	\$62.00	\$4,500.00
Florence	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Florence	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Florence	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Florence	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Florence	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
Florence	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Florence	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	\$ 340.00	\$ -	\$4,900.00
Florence	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Florence	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Florence	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
Florence	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Florence	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Florence	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Florence	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Florence	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Fond du Lac County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Fond du Lac	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Fond du Lac	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Fond du Lac	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Fond du Lac	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Fond du Lac	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Fond du Lac	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Fond du Lac	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
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	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$13.40	\$9,350.00
Fond du Lac	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
Fond du Lac	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$ 370.00	\$73.00	\$3,400.00
Fond du Lac	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$ 310.00	\$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	\$ 590.00	\$43.50	\$8,300.00
Fond du Lac	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Fond du Lac	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
Fond du Lac	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$ 145.00	\$ -	\$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	\$ 590.00	\$82.00	\$4,150.00
Fond du Lac	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00

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	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Fond du Lac	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Fond du Lac	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Fond du Lac	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Fond du Lac	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$590.00	\$43.50	\$5,000.00
Fond du Lac	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	\$ 340.00	\$ -	\$4,900.00
Fond du Lac	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Fond du Lac	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$ -	\$6,700.00
Fond du Lac	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Fond du Lac	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Fond du Lac	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Fond du Lac	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Fond du Lac	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$ 300.00	\$53.00	\$4,500.00
Fond du Lac	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$ 200.00	\$102.00	\$3,650.00
Fond du Lac	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$420.00	\$ -	\$5,500.00
Fond du Lac	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$ -	\$256.00	\$2,000.00
Fond du Lac	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Fond du Lac	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Fond du Lac	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Fond du Lac	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Fond du Lac	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Forest County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Forest	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Forest	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Forest	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Forest	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Forest	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Forest	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Forest	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Forest	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Forest	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$ 590.00	\$82.00	\$4,150.00
Forest	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Forest	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Forest	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Forest	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Forest	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Forest	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$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	\$ 340.00	\$43.00	\$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	\$ 340.00	\$ -	\$4,900.00
Forest	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$ -	\$6,700.00
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Forest	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Forest	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Forest	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Forest	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Forest	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Forest	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Forest	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Grant County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Grant	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Grant	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$420.00	\$36.00	\$6,700.00
Grant	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Grant	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Grant	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Grant	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Grant	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Grant	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$ -	\$4,700.00
Grant	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$ 340.00	\$34.00	\$4,900.00
Grant	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Grant	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$ -	\$6,700.00
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	\$590.00	\$43.50	\$9,350.00
Grant	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Grant	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$ -	\$4,300.00

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	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Grant	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Green Lake County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Green Lake	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Green Lake	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Green Lake	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Green Lake	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Green Lake	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Green Lake	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Green Lake	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Green Lake	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
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	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$ 200.00	\$ -	\$4,500.00
Green Lake	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$ 200.00	\$62.00	\$4,500.00
Green Lake	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Green Lake	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Green Lake	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Green Lake	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$370.00	\$73.00	\$3,400.00

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
Green Lake	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$ 310.00	\$226.00	\$3,400.00
Green Lake	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Green Lake	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Green Lake	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
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	\$ 590.00	\$82.00	\$4,150.00
Green Lake	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Green Lake	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Green Lake	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Green Lake	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Green Lake	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Green Lake	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	Basic	\$ 590.00	\$38.10	\$9,350.00
Green Lake	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Green Lake	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Green Lake	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Green Lake	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Green Lake	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Green Lake	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Green Lake	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Green Lake	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Green Lake	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Green County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Green	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Green	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$420.00	\$36.00	\$6,700.00
Green	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Green	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Green	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Green	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Green	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Green	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Green	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$ -	\$4,700.00
Green	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Green	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$ 4.00	\$9,350.00
Green	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$250.00	\$37.00	\$4,900.00
Green	H5216	168	Humana	Humana Full Access H5216-168 (PPO)	PPO	Enhanced	\$590.00	\$155.00	\$4,150.00
Green	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$590.00	\$39.00	\$9,350.00
Green	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Green	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Green	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$340.00	\$34.00	\$4,900.00
Green	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$ -	\$6,700.00
Green	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$ -	\$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
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Green	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Green	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Green	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Green	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Green	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$ 300.00	\$53.00	\$4,500.00
Green	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$ 200.00	\$102.00	\$3,650.00
Green	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$420.00	\$ -	\$5,500.00
Green	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$ -	\$256.00	\$2,000.00
Green	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Green	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Green	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Green	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Green	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Iowa County Landscape

Data as of September 27, 2024. Includes CY2025 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	\$ 340.00	\$ -	\$6,700.00
Iowa	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$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	\$ 420.00	\$36.00	\$6,700.00
Iowa	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Iowa	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Iowa	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Iowa	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Iowa	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Iowa	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Iowa	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Iowa	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Iowa	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Iowa	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Iowa	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$ 250.00	\$37.00	\$4,900.00
Iowa	H5216	168	Humana	Humana Full Access H5216-168 (PPO)	PPO	Enhanced	\$ 590.00	\$155.00	\$4,150.00
Iowa	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Iowa	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
Iowa	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Iowa	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$4,900.00
Iowa	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Iowa	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Iowa	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Iowa	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Iowa	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Iowa	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Iowa	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$ 300.00	\$53.00	\$4,500.00
Iowa	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$ 200.00	\$102.00	\$3,650.00
Iowa	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$ 420.00	\$ -	\$5,500.00
Iowa	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$ -	\$256.00	\$2,000.00
Iowa	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Iowa	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Iowa	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Iowa	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Iowa	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Iron County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Iron	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Iron	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Iron	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$ 590.00	\$101.80	\$6,700.00
Iron	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Iron	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Iron	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Iron	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Iron	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Iron	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Iron	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Iron	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Iron	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Iron	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$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
Iron	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Iron	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Iron	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Iron	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Iron	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Iron	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Iron	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Jackson County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Jackson	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Jackson	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Jackson	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$ 590.00	\$101.80	\$6,700.00
Jackson	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Jackson	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Jackson	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Jackson	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Jackson	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Jackson	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Jackson	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Jackson	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Jackson	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Jackson	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
Jackson	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Jackson	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Jackson	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Jackson	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Jackson	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Jackson	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Jefferson County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Jefferson	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Jefferson	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$ 420.00	\$36.00	\$6,700.00
Jefferson	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Jefferson	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Jefferson	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Jefferson	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Jefferson	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Jefferson	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Jefferson	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Jefferson	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Jefferson	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Jefferson	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$13.40	\$9,350.00
Jefferson	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
Jefferson	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$ 250.00	\$37.00	\$4,900.00
Jefferson	H5216	168	Humana	Humana Full Access H5216-168 (PPO)	PPO	Enhanced	\$ 590.00	\$155.00	\$4,150.00
Jefferson	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Jefferson	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Jefferson	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Jefferson	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Jefferson	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
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

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	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$4,900.00
Jefferson	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Jefferson	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Jefferson	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
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	\$ 250.00	\$ -	\$4,150.00
Jefferson	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Jefferson	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Jefferson	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Jefferson	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$ 300.00	\$53.00	\$4,500.00
Jefferson	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$ 200.00	\$102.00	\$3,650.00
Jefferson	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$ 420.00	\$ -	\$5,500.00
Jefferson	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$ -	\$256.00	\$2,000.00
Jefferson	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Jefferson	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Jefferson	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Jefferson	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Jefferson	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Juneau County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Juneau	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Juneau	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Juneau	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Juneau	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Juneau	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Juneau	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Juneau	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Juneau	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Juneau	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Juneau	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Juneau	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Juneau	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Juneau	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00

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	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Juneau	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Juneau	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Kenosha County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Kenosha	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Kenosha	H0294	26	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0009 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$6,700.00
Kenosha	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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 Premier (HMO-POS)	HMO-POS	Enhanced	\$ 590.00	\$ -	\$4,900.00
Kenosha	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Kenosha	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Kenosha	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Kenosha	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Kenosha	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Kenosha	H3794	6	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Kenosha	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Kenosha	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Kenosha	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Kenosha	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$3,800.00
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	\$ 590.00	\$82.00	\$4,150.00
Kenosha	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Kenosha	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Kenosha	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Kenosha	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$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
Kenosha	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Kenosha	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$3,800.00
Kenosha	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
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
Kenosha	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$4,900.00
Kenosha	H5253	33	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0013 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Kenosha	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Kenosha	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Kenosha	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$ -	\$6,700.00
Kenosha	H5521	150	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$16.00	\$4,500.00
Kenosha	H5521	195	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,500.00
Kenosha	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Kenosha	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Kenosha	H5521	400	Aetna Medicare	Aetna Medicare Value Plus (PPO)	PPO	Enhanced	\$ 590.00	\$29.00	\$5,500.00
Kenosha	H5521	403	Aetna Medicare	Aetna Medicare SmartFit (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,700.00
Kenosha	H5521	614	Aetna Medicare	Aetna Medicare Gold (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,500.00
Kenosha	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Kenosha	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Kenosha	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Kenosha	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Kenosha	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Kenosha	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Kenosha	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Kenosha	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Kewaunee County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Kewaunee	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Kewaunee	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$420.00	\$ -	\$5,900.00
Kewaunee	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Kewaunee	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Kewaunee	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Kewaunee	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Kewaunee	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Kewaunee	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Kewaunee	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$ -	\$4,700.00
Kewaunee	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Kewaunee	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$200.00	\$ -	\$4,500.00
Kewaunee	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$200.00	\$62.00	\$4,500.00
Kewaunee	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Kewaunee	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Kewaunee	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$ -	\$5,000.00
Kewaunee	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$370.00	\$73.00	\$3,400.00
Kewaunee	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$310.00	\$226.00	\$3,400.00

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
Kewaunee	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Kewaunee	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Kewaunee	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
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	\$ 590.00	\$82.00	\$4,150.00
Kewaunee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Kewaunee	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Kewaunee	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Kewaunee	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Kewaunee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Kewaunee	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Kewaunee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Kewaunee	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	Basic	\$ 590.00	\$38.10	\$9,350.00
Kewaunee	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Kewaunee	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$ -	\$6,700.00
Kewaunee	H5521	283	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ -	\$ -	\$4,250.00
Kewaunee	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Kewaunee	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Kewaunee	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Kewaunee	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Kewaunee	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Kewaunee	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Kewaunee	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Kewaunee	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Kewaunee	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

La Crosse County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
La Crosse	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
La Crosse	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
La Crosse	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
La Crosse	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
La Crosse	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
La Crosse	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
La Crosse	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$38.10	\$9,350.00
La Crosse	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
La Crosse	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$44.00	\$5,400.00
La Crosse	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
La Crosse	H5521	289	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
La Crosse	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
La Crosse	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$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
La Crosse	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
La Crosse	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
La Crosse	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
La Crosse	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
La Crosse	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Lafayette County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Lafayette	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$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	\$ 420.00	\$36.00	\$6,700.00
Lafayette	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Lafayette	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Lafayette	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Lafayette	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Lafayette	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Lafayette	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Lafayette	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Lafayette	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Lafayette	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Lafayette	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Lafayette	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$4,900.00
Lafayette	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Lafayette	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$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
Lafayette	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Lafayette	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Lafayette	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Lafayette	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Lafayette	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Lafayette	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Lafayette	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Lafayette	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Lafayette	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Langlade County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Langlade	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Langlade	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Langlade	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Langlade	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Langlade	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Langlade	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Langlade	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Langlade	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Langlade	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Langlade	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Langlade	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	\$ 340.00	\$ -	\$4,900.00
Langlade	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Langlade	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
Langlade	H5521	289	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Langlade	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Langlade	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Langlade	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Langlade	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Langlade	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Langlade	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Langlade	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Langlade	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Langlade	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Lincoln County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Lincoln	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Lincoln	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Lincoln	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Lincoln	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Lincoln	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Lincoln	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Lincoln	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Lincoln	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
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	\$ 340.00	\$ -	\$6,700.00
Lincoln	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$44.00	\$5,400.00
Lincoln	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
Lincoln	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00

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
Lincoln	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Lincoln	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Lincoln	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Lincoln	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Lincoln	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Lincoln	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Lincoln	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Manitowoc County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Manitowoc	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Manitowoc	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Manitowoc	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Manitowoc	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Manitowoc	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Manitowoc	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Manitowoc	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Manitowoc	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Manitowoc	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Manitowoc	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Manitowoc	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$ 200.00	\$ -	\$4,500.00
Manitowoc	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$ 200.00	\$62.00	\$4,500.00
Manitowoc	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Manitowoc	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$13.40	\$9,350.00
Manitowoc	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
Manitowoc	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$ 370.00	\$73.00	\$3,400.00
Manitowoc	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$ 310.00	\$226.00	\$3,400.00
Manitowoc	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Manitowoc	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Manitowoc	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
Manitowoc	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$145.00	\$ -	\$3,860.00

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	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	\$ 590.00	\$82.00	\$4,150.00
Manitowoc	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Manitowoc	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Manitowoc	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Manitowoc	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Manitowoc	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Manitowoc	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Manitowoc	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Manitowoc	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
Manitowoc	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	\$ 340.00	\$ -	\$4,900.00
Manitowoc	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Manitowoc	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Manitowoc	H5521	283	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ -	\$ -	\$4,250.00
Manitowoc	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Manitowoc	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Manitowoc	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Manitowoc	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Manitowoc	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Manitowoc	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Manitowoc	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Manitowoc	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Manitowoc	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Manitowoc	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Marathon County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Marathon	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Marathon	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Marathon	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Marathon	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Marathon	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Marathon	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Marathon	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$ 590.00	\$82.00	\$4,150.00
Marathon	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Marathon	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Marathon	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Marathon	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Marathon	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$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

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	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Marathon	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$44.00	\$5,400.00
Marathon	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Marathon	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Marathon	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Marathon	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Marathon	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Marathon	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Marathon	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Marathon	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Marinette County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Marinette	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Marinette	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$420.00	\$ -	\$5,900.00
Marinette	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Marinette	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Marinette	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Marinette	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Marinette	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Marinette	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Marinette	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$ -	\$4,700.00
Marinette	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Marinette	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$200.00	\$ -	\$4,500.00
Marinette	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$200.00	\$62.00	\$4,500.00
Marinette	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Marinette	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Marinette	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$ -	\$5,000.00
Marinette	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$370.00	\$73.00	\$3,400.00
Marinette	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$310.00	\$226.00	\$3,400.00

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
Marinette	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Marinette	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Marinette	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
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	\$ 590.00	\$82.00	\$4,150.00
Marinette	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Marinette	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Marinette	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Marinette	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Marinette	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Marinette	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Marinette	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Marinette	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	\$ 340.00	\$ -	\$4,900.00
Marinette	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Marinette	H5521	283	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ -	\$ -	\$4,250.00
Marinette	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Marinette	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Marinette	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Marinette	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Marinette	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Marinette	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Marinette	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Marinette	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Marinette	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Marquette County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Marquette	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$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	\$ 420.00	\$ -	\$5,900.00
Marquette	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Marquette	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Marquette	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Marquette	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Marquette	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Marquette	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Marquette	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Marquette	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Marquette	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Marquette	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$ 200.00	\$ -	\$4,500.00
Marquette	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$ 200.00	\$62.00	\$4,500.00
Marquette	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Marquette	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Marquette	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$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
Marquette	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$ 370.00	\$73.00	\$3,400.00
Marquette	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$ 310.00	\$226.00	\$3,400.00
Marquette	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Marquette	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Marquette	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
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	\$ 590.00	\$82.00	\$4,150.00
Marquette	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Marquette	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Marquette	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Marquette	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Marquette	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Marquette	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Marquette	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Marquette	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$4,100.00
Marquette	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Marquette	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Marquette	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Marquette	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Marquette	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Marquette	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Marquette	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
Marquette	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Marquette	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Marquette	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Marquette	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Marquette	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Marquette	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Marquette	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00

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
Marquette	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Menominee County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Menominee	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Menominee	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Menominee	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Menominee	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Menominee	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Menominee	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Menominee	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Menominee	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Menominee	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Menominee	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Menominee	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$ 200.00	\$ -	\$4,500.00
Menominee	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$ 200.00	\$62.00	\$4,500.00
Menominee	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Menominee	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$ 590.00	\$82.00	\$4,150.00
Menominee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Menominee	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Menominee	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Menominee	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Menominee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Menominee	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Menominee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00

Milwaukee County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Milwaukee	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Milwaukee	H0294	26	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0009 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$6,700.00
Milwaukee	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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 Premier (HMO-POS)	HMO-POS	Enhanced	\$ 590.00	\$ -	\$4,900.00
Milwaukee	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Milwaukee	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Milwaukee	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Milwaukee	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Milwaukee	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Milwaukee	H3794	6	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Milwaukee	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Milwaukee	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Milwaukee	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Milwaukee	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
Milwaukee	H5215	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$ 320.00	\$ -	\$3,900.00
Milwaukee	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$3,800.00
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	\$ 590.00	\$82.00	\$4,150.00
Milwaukee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Milwaukee	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$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
Milwaukee	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Milwaukee	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Milwaukee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Milwaukee	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Milwaukee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Milwaukee	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$3,800.00
Milwaukee	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
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	Basic	\$ 590.00	\$38.10	\$9,350.00
Milwaukee	H5253	33	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0013 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Milwaukee	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Milwaukee	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Milwaukee	H5521	150	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$16.00	\$4,500.00
Milwaukee	H5521	195	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,500.00
Milwaukee	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Milwaukee	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Milwaukee	H5521	400	Aetna Medicare	Aetna Medicare Value Plus (PPO)	PPO	Enhanced	\$ 590.00	\$29.00	\$5,500.00
Milwaukee	H5521	403	Aetna Medicare	Aetna Medicare SmartFit (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,700.00
Milwaukee	H5521	614	Aetna Medicare	Aetna Medicare Gold (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,500.00
Milwaukee	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Milwaukee	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Milwaukee	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Milwaukee	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Milwaukee	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Milwaukee	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Milwaukee	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Milwaukee	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Monroe County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Monroe	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Monroe	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Monroe	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Monroe	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Monroe	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Monroe	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Monroe	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Monroe	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Monroe	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Monroe	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$38.10	\$9,350.00
Monroe	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Monroe	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$44.00	\$5,400.00
Monroe	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Monroe	H5521	289	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Monroe	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00

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
Monroe	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Monroe	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Monroe	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Monroe	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Monroe	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Monroe	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Oconto County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Oconto	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Oconto	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$420.00	\$ -	\$5,900.00
Oconto	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Oconto	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Oconto	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Oconto	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Oconto	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Oconto	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Oconto	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$ -	\$4,700.00
Oconto	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Oconto	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$200.00	\$ -	\$4,500.00
Oconto	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$200.00	\$62.00	\$4,500.00
Oconto	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Oconto	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Oconto	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$ -	\$5,000.00
Oconto	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$370.00	\$73.00	\$3,400.00
Oconto	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$310.00	\$226.00	\$3,400.00

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
Oconto	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Oconto	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Oconto	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
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	\$ 590.00	\$82.00	\$4,150.00
Oconto	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Oconto	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Oconto	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Oconto	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Oconto	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Oconto	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Oconto	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Oconto	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	Basic	\$ 590.00	\$38.10	\$9,350.00
Oconto	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Oconto	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Oconto	H5521	283	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ -	\$ -	\$4,250.00
Oconto	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Oconto	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Oconto	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Oconto	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Oconto	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Oconto	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Oconto	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Oconto	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Oconto	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Oneida County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Oneida	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Oneida	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Oneida	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Oneida	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Oneida	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Oneida	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Oneida	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Oneida	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
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	\$ 340.00	\$ -	\$6,700.00
Oneida	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$44.00	\$5,400.00
Oneida	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
Oneida	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00

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
Oneida	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Oneida	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Oneida	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Oneida	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Oneida	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Oneida	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Outagamie County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Outagamie	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Outagamie	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$5,900.00
Outagamie	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$43.50	\$9,350.00
Outagamie	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Outagamie	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Outagamie	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Outagamie	H3794	6	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Outagamie	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Outagamie	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Outagamie	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Outagamie	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$ 200.00	\$ -	\$4,500.00
Outagamie	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$ 200.00	\$62.00	\$4,500.00
Outagamie	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Outagamie	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Outagamie	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$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
Outagamie	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$ 370.00	\$73.00	\$3,400.00
Outagamie	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$ 310.00	\$226.00	\$3,400.00
Outagamie	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Outagamie	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Outagamie	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
Outagamie	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$ 145.00	\$ -	\$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
Outagamie	H5216	1	Humana	HumanaChoice H5216-001 (PPO)	PPO	Enhanced	\$ 590.00	\$82.00	\$4,150.00
Outagamie	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Outagamie	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Outagamie	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Outagamie	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Outagamie	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Outagamie	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Outagamie	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Outagamie	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
Outagamie	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	Basic	\$ 590.00	\$38.10	\$9,350.00
Outagamie	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Outagamie	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Outagamie	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Outagamie	H5521	283	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ -	\$ -	\$4,250.00
Outagamie	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Outagamie	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Outagamie	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Outagamie	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Outagamie	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Outagamie	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Outagamie	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Outagamie	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00

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	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Outagamie	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Ozaukee County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Ozaukee	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Ozaukee	H0294	26	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0009 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$6,700.00
Ozaukee	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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 Premier (HMO-POS)	HMO-POS	Enhanced	\$ 590.00	\$ -	\$4,900.00
Ozaukee	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Ozaukee	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Ozaukee	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Ozaukee	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Ozaukee	H3794	6	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Ozaukee	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Ozaukee	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Ozaukee	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Ozaukee	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$13.40	\$9,350.00
Ozaukee	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
Ozaukee	H5215	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$ 320.00	\$ -	\$3,900.00
Ozaukee	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$3,800.00
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	\$ 590.00	\$82.00	\$4,150.00
Ozaukee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Ozaukee	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$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
Ozaukee	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Ozaukee	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Ozaukee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Ozaukee	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Ozaukee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Ozaukee	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$3,800.00
Ozaukee	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
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	Basic	\$ 590.00	\$38.10	\$9,350.00
Ozaukee	H5253	33	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0013 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Ozaukee	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Ozaukee	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Ozaukee	H5521	150	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$16.00	\$4,500.00
Ozaukee	H5521	195	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,500.00
Ozaukee	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Ozaukee	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Ozaukee	H5521	400	Aetna Medicare	Aetna Medicare Value Plus (PPO)	PPO	Enhanced	\$ 590.00	\$29.00	\$5,500.00
Ozaukee	H5521	403	Aetna Medicare	Aetna Medicare SmartFit (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,700.00
Ozaukee	H5521	614	Aetna Medicare	Aetna Medicare Gold (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,500.00
Ozaukee	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Ozaukee	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Ozaukee	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Ozaukee	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Ozaukee	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Ozaukee	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Ozaukee	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Ozaukee	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Pepin County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Pepin	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Pepin	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Pepin	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$ 590.00	\$101.80	\$6,700.00
Pepin	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Pepin	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Pepin	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Pepin	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Pepin	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Pepin	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Pepin	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Pepin	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Pepin	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Pepin	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
Pepin	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Pepin	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Pepin	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Pepin	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Pepin	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Pepin	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Pierce County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Pierce	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Pierce	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Pierce	H2450	7	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	Basic	\$ 590.00	\$101.80	\$6,700.00
Pierce	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Pierce	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Pierce	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Pierce	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
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	\$3,400.00
Pierce	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Pierce	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Pierce	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Pierce	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Pierce	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
Pierce	H5211	3	Security Health Plan of Wisconsin, Inc.	Compass (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$3,400.00

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
Pierce	H5211	4	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	HMO-POS	Enhanced	\$ -	\$247.40	\$2,000.00
Pierce	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Pierce	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Pierce	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Pierce	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Pierce	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Pierce	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Pierce	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Pierce	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Polk County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	23	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0008 (PPO)	PPO	Enhanced	\$ 570.00	\$22.00	\$6,700.00
Polk	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$101.80	\$6,700.00
Polk	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Polk	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Polk	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Polk	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
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	\$3,400.00
Polk	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Polk	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Polk	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Polk	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Polk	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00

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	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Polk	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Polk	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Polk	H5216	359	Humana	HumanaChoice H5216-359 (PPO)	PPO	Enhanced	\$ 590.00	\$11.00	\$5,900.00
Polk	H5216	397	Humana	HumanaChoice H5216-397 (PPO)	PPO	Enhanced	\$ 250.00	\$56.00	\$4,150.00
Polk	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
Polk	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Polk	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Polk	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Polk	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Polk	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Polk	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Portage County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Portage	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Portage	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Portage	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Portage	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Portage	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Portage	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Portage	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$ 370.00	\$73.00	\$3,400.00
Portage	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$ 310.00	\$226.00	\$3,400.00
Portage	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Portage	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Portage	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
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	\$ 590.00	\$82.00	\$4,150.00

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	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Portage	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Portage	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Portage	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Portage	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Portage	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
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	\$ 340.00	\$ -	\$6,700.00
Portage	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$44.00	\$5,400.00
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Portage	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Portage	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Portage	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Portage	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Portage	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Portage	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Portage	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Portage	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Price County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Price	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Price	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Price	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Price	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Price	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Price	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Price	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Price	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Price	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Price	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Price	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Price	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Price	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00

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
Price	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Price	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Racine County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Racine	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Racine	H0294	26	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0009 (PPO)	PPO	Enhanced	\$ 420.00	\$ -	\$6,700.00
Racine	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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 Premier (HMO-POS)	HMO-POS	Enhanced	\$ 590.00	\$ -	\$4,900.00
Racine	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Racine	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Racine	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Racine	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Racine	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Racine	H3794	6	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Racine	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Racine	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Racine	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Racine	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
Racine	H5215	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$ 320.00	\$ -	\$3,900.00
Racine	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$3,800.00
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	\$ 590.00	\$82.00	\$4,150.00
Racine	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Racine	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$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
Racine	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Racine	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Racine	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Racine	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Racine	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Racine	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$3,800.00
Racine	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
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	Basic	\$ 590.00	\$38.10	\$9,350.00
Racine	H5253	33	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0013 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Racine	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Racine	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Racine	H5521	150	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$16.00	\$4,500.00
Racine	H5521	195	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,500.00
Racine	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Racine	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Racine	H5521	400	Aetna Medicare	Aetna Medicare Value Plus (PPO)	PPO	Enhanced	\$ 590.00	\$29.00	\$5,500.00
Racine	H5521	403	Aetna Medicare	Aetna Medicare SmartFit (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,700.00
Racine	H5521	614	Aetna Medicare	Aetna Medicare Gold (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,500.00
Racine	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Racine	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Racine	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Racine	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Racine	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Racine	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Racine	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Racine	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Richland County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
Richland	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Richland	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Richland	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Richland	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Richland	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Richland	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Richland	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Richland	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$ 250.00	\$37.00	\$4,900.00
Richland	H5216	168	Humana	Humana Full Access H5216-168 (PPO)	PPO	Enhanced	\$ 590.00	\$155.00	\$4,150.00
Richland	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Richland	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Richland	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Richland	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Richland	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Richland	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$ -	\$4,300.00

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
Richland	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Richland	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Rock County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Rock	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$6,700.00
Rock	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$ 420.00	\$36.00	\$6,700.00
Rock	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Rock	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Rock	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Rock	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Rock	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Rock	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Rock	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$ 120.00	\$39.00	\$4,500.00
Rock	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Rock	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Rock	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
Rock	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$ 250.00	\$37.00	\$4,900.00
Rock	H5216	168	Humana	Humana Full Access H5216-168 (PPO)	PPO	Enhanced	\$ 590.00	\$155.00	\$4,150.00
Rock	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Rock	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Rock	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Rock	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Rock	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$ 590.00	\$43.50	\$5,000.00
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	\$ 340.00	\$34.00	\$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
Rock	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$ 195.00	\$43.50	\$2,000.00
Rock	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Rock	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Rock	H5264	2	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	Not Applicable
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 Value (PPO)	PPO	Enhanced	\$ 590.00	\$ -	\$4,900.00
Rock	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$ 590.00	\$166.00	\$1,500.00
Rock	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$ -	\$14.00	\$4,200.00
Rock	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Rock	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Rock	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$ 300.00	\$53.00	\$4,500.00
Rock	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$ 200.00	\$102.00	\$3,650.00
Rock	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$ 420.00	\$ -	\$5,500.00
Rock	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$ -	\$256.00	\$2,000.00
Rock	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Rock	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Rock	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,400.00
Rock	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Rock	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Rusk County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$101.80	\$6,700.00
Rusk	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Rusk	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Rusk	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Rusk	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Rusk	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Rusk	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Rusk	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Rusk	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Rusk	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Rusk	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Rusk	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
Rusk	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Rusk	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Rusk	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Rusk	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Rusk	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Sauk County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Sauk	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$ 495.00	\$55.00	\$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	\$ 420.00	\$36.00	\$6,700.00
Sauk	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Sauk	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Sauk	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Sauk	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Sauk	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Sauk	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Sauk	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Sauk	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Sauk	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$13.40	\$9,350.00
Sauk	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Sauk	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Sauk	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$ 250.00	\$37.00	\$4,900.00
Sauk	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$ 590.00	\$39.00	\$9,350.00
Sauk	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
Sauk	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Sauk	H5253	30	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$34.00	\$4,900.00
Sauk	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$6,700.00
Sauk	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$ -	\$6,700.00
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	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Sauk	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Sauk	H9096	1	Dean Advantage	Dean Advantage Assurance (HMO-POS)	HMO-POS	Enhanced	\$ 300.00	\$53.00	\$4,500.00
Sauk	H9096	2	Dean Advantage	Dean Advantage Balance (HMO-POS)	HMO-POS	Enhanced	\$ 200.00	\$102.00	\$3,650.00
Sauk	H9096	4	Dean Advantage	Dean Advantage Essential (HMO)	HMO	Enhanced	\$ 420.00	\$ -	\$5,500.00
Sauk	H9096	5	Dean Advantage	Dean Advantage Complete (HMO)	HMO	Enhanced	\$ -	\$256.00	\$2,000.00
Sauk	H9096	10	Dean Advantage	Dean Advantage Harmony (HMO-POS)	HMO-POS	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Sauk	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Sauk	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Sauk	H9525	15	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,151.00
Sauk	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Sawyer County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$ 420.00	\$106.00	\$4,100.00
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	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$101.80	\$6,700.00
Sawyer	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$ 590.00	\$169.60	\$4,000.00
Sawyer	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Sawyer	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$ 590.00	\$293.40	\$3,000.00
Sawyer	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
Sawyer	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Sawyer	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$36.70	\$4,900.00
Sawyer	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$ 195.00	\$ -	\$4,700.00
Sawyer	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Sawyer	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.00	\$9,200.00
Sawyer	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$ 250.00	\$ -	\$5,000.00
Sawyer	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$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
Sawyer	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Sawyer	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Sawyer	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Sawyer	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Sawyer	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
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	\$ 590.00	\$104.00	\$7,200.00

Shawano County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$ 340.00	\$ -	\$6,700.00
Shawano	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Shawano	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$420.00	\$ -	\$5,900.00
Shawano	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Shawano	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Shawano	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Shawano	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Shawano	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Shawano	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Shawano	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$ -	\$4,700.00
Shawano	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Shawano	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$200.00	\$ -	\$4,500.00
Shawano	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$200.00	\$62.00	\$4,500.00
Shawano	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Shawano	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$ 4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$ -	\$247.40	\$2,000.00
Shawano	H5211	12	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO-POS)	HMO-POS	Enhanced	\$250.00	\$ -	\$5,000.00
Shawano	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$370.00	\$73.00	\$3,400.00
Shawano	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$310.00	\$226.00	\$3,400.00

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
Shawano	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$8,300.00
Shawano	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$ 340.00	\$ -	\$3,900.00
Shawano	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$ 300.00	\$ -	\$4,000.00
Shawano	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$ 145.00	\$ -	\$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	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$5,500.00
Shawano	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$ 250.00	\$ -	\$4,200.00
Shawano	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Shawano	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Shawano	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$ 350.00	\$ -	\$5,000.00
Shawano	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Shawano	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$43.00	\$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	Basic	\$ 590.00	\$38.10	\$9,350.00
Shawano	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$ 340.00	\$ -	\$4,900.00
Shawano	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$ 495.00	\$ -	\$6,700.00
Shawano	H5521	283	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$ -	\$ -	\$4,250.00
Shawano	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Shawano	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$ 590.00	\$57.00	\$5,000.00
Shawano	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$ 250.00	\$ -	\$4,150.00
Shawano	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$ 245.00	\$ -	\$4,500.00
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	\$ 590.00	\$43.50	\$9,350.00
Shawano	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$ 590.00	\$38.00	\$7,000.00
Shawano	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$37.90	\$9,350.00
Shawano	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$ 590.00	\$43.50	\$4,500.00
Shawano	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$38.50	\$9,350.00
Shawano	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$ 150.00	\$ -	\$4,300.00
Shawano	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$ 4.50	\$4,500.00
Shawano	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$ 590.00	\$43.50	\$9,350.00
Shawano	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00

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	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$ 590.00	\$104.00	\$7,200.00

Sheboygan County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$340.00	\$0.00	\$6,700.00
Sheboygan	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Sheboygan	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$420.00	\$0.00	\$5,900.00
Sheboygan	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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 Premier (HMO-POS)	HMO-POS	Enhanced	\$590.00	\$0.00	\$4,900.00
Sheboygan	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Sheboygan	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Sheboygan	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Sheboygan	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Sheboygan	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Sheboygan	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Sheboygan	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.00	\$9,350.00
Sheboygan	H5215	2	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	PPO	Enhanced	\$370.00	\$73.00	\$3,400.00
Sheboygan	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$310.00	\$226.00	\$3,400.00
Sheboygan	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$8,300.00
Sheboygan	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$340.00	\$0.00	\$3,900.00
Sheboygan	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,000.00
Sheboygan	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$145.00	\$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	\$590.00	\$82.00	\$4,150.00
Sheboygan	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$590.00	\$39.00	\$9,350.00

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	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$5,500.00
Sheboygan	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$4,200.00
Sheboygan	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Sheboygan	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Sheboygan	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,000.00
Sheboygan	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Sheboygan	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$590.00	\$43.50	\$5,000.00
Sheboygan	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$43.00	\$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	Basic	\$590.00	\$38.10	\$9,350.00
Sheboygan	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$0.00	\$4,900.00
Sheboygan	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$195.00	\$43.50	\$2,000.00
Sheboygan	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$0.00	\$6,700.00
Sheboygan	H5521	150	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$0.00	\$16.00	\$4,500.00
Sheboygan	H5521	195	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$590.00	\$0.00	\$4,500.00
Sheboygan	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Sheboygan	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$590.00	\$166.00	\$1,500.00
Sheboygan	H5521	400	Aetna Medicare	Aetna Medicare Value Plus (PPO)	PPO	Enhanced	\$590.00	\$29.00	\$5,500.00
Sheboygan	H5521	403	Aetna Medicare	Aetna Medicare SmartFit (PPO)	PPO	Enhanced	\$590.00	\$0.00	\$4,700.00
Sheboygan	H5521	614	Aetna Medicare	Aetna Medicare Gold (PPO)	PPO	Enhanced	\$590.00	\$57.00	\$5,500.00
Sheboygan	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$250.00	\$0.00	\$4,150.00
Sheboygan	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Sheboygan	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Sheboygan	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00
Sheboygan	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Sheboygan	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,300.00
Sheboygan	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Sheboygan	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00
Shawano	R5361	1	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	Not Applicable	Not Applicable	Not Applicable	\$6,750.00

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	R5361	2	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	Enhanced	\$ 590.00	\$104.00	\$7,200.00

St. Croix County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	23	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0008 (PPO)	PPO	Enhanced	\$570.00	\$22.00	\$6,700.00
St. Croix	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$101.80	\$6,700.00
St. Croix	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$590.00	\$169.60	\$4,000.00
St. Croix	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
St. Croix	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$590.00	\$293.40	\$3,000.00
St. Croix	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
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	\$3,400.00
St. Croix	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
St. Croix	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
St. Croix	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
St. Croix	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
St. Croix	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
St. Croix	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
St. Croix	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
St. Croix	H5216	397	Humana	HumanaChoice H5216-397 (PPO)	PPO	Enhanced	\$250.00	\$56.00	\$4,150.00
St. Croix	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$195.00	\$43.50	\$2,000.00

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
St. Croix	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
St. Croix	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
St. Croix	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,300.00
St. Croix	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
St. Croix	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Taylor County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$420.00	\$106.00	\$4,100.00
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	Basic	\$590.00	\$43.50	\$9,350.00
Taylor	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Taylor	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Taylor	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Taylor	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Taylor	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Taylor	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00
Taylor	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.00	\$9,200.00
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	\$5,500.00
Taylor	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Taylor	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$245.00	\$0.00	\$4,500.00
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	\$590.00	\$43.50	\$9,350.00
Taylor	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Taylor	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00

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
Taylor	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Taylor	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,400.00
Taylor	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Taylor	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Trempealeau County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$420.00	\$106.00	\$4,100.00
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	Basic	\$590.00	\$43.50	\$9,350.00
Trempealeau	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Trempealeau	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Trempealeau	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Trempealeau	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Trempealeau	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Trempealeau	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00
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	\$5,500.00
Trempealeau	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Trempealeau	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$38.10	\$9,350.00
Trempealeau	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$0.00	\$6,700.00
Trempealeau	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$44.00	\$5,400.00
Trempealeau	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Trempealeau	H5521	289	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$590.00	\$0.00	\$4,900.00
Trempealeau	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$590.00	\$166.00	\$1,500.00

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
Trempealeau	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$0.00	\$14.00	\$4,200.00
Trempealeau	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Trempealeau	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Trempealeau	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Trempealeau	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,300.00
Trempealeau	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Trempealeau	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Vernon County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$420.00	\$106.00	\$4,100.00
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	Basic	\$590.00	\$43.50	\$9,350.00
Vernon	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Vernon	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Vernon	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Vernon	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Vernon	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Vernon	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00
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	\$5,500.00
Vernon	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Vernon	H5253	24	UnitedHealthcare	UHC Dual Complete WI-D003 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$38.10	\$9,350.00
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 Value (PPO)	PPO	Enhanced	\$590.00	\$0.00	\$4,900.00
Vernon	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$590.00	\$166.00	\$1,500.00
Vernon	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$0.00	\$14.00	\$4,200.00
Vernon	H7598	3	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00

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	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Vernon	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,300.00
Vernon	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Vernon	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Vilas County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$420.00	\$106.00	\$4,100.00
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	Basic	\$590.00	\$43.50	\$9,350.00
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	Basic	\$590.00	\$43.50	\$9,350.00
Vilas	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Vilas	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Vilas	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Vilas	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00
Vilas	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.00	\$9,200.00
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	\$5,500.00
Vilas	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Vilas	H5253	72	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$0.00	\$6,700.00
Vilas	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$44.00	\$5,400.00
Vilas	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$245.00	\$0.00	\$4,500.00
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	\$590.00	\$43.50	\$9,350.00

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
Vilas	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Vilas	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Vilas	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,400.00
Vilas	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Vilas	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Walworth County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$340.00	\$0.00	\$6,700.00
Walworth	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Walworth	H0294	16	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0007 (PPO)	PPO	Enhanced	\$420.00	\$36.00	\$6,700.00
Walworth	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Walworth	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Walworth	H1206	2	Aetna Medicare	Aetna Medicare Premier (HMO-POS)	HMO-POS	Enhanced	\$590.00	\$0.00	\$4,900.00
Walworth	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Walworth	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Walworth	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Walworth	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Walworth	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Walworth	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Walworth	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.00	\$9,350.00
Walworth	H5216	6	Humana	HumanaChoice H5216-006 (PPO)	PPO	Enhanced	\$250.00	\$37.00	\$4,900.00
Walworth	H5216	168	Humana	Humana Full Access H5216-168 (PPO)	PPO	Enhanced	\$590.00	\$155.00	\$4,150.00
Walworth	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$590.00	\$39.00	\$9,350.00
Walworth	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Walworth	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Walworth	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Walworth	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$590.00	\$43.50	\$5,000.00
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	\$340.00	\$34.00	\$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
Walworth	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$195.00	\$43.50	\$2,000.00
Walworth	H5253	97	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0017 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$0.00	\$6,700.00
Walworth	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$0.00	\$6,700.00
Walworth	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Walworth	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$590.00	\$166.00	\$1,500.00
Walworth	H5521	614	Aetna Medicare	Aetna Medicare Gold (PPO)	PPO	Enhanced	\$590.00	\$57.00	\$5,500.00
Walworth	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$250.00	\$0.00	\$4,150.00
Walworth	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Walworth	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Walworth	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00
Walworth	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Walworth	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,400.00
Walworth	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Walworth	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Washburn County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$420.00	\$106.00	\$4,100.00
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	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$101.80	\$6,700.00
Washburn	H2450	30	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$6,700.00
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	\$590.00	\$169.60	\$4,000.00
Washburn	H2450	40	Medica	Medica Prime Solution Total (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,000.00
Washburn	H2450	41	Medica	Medica Prime Solution Total w/Rx (Cost)	Cost	Enhanced	\$590.00	\$293.40	\$3,000.00
Washburn	H2450	50	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$5,000.00
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	\$3,400.00
Washburn	H2462	28	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable	\$3,400.00
Washburn	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Washburn	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Washburn	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Washburn	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00

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
Washburn	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.00	\$9,200.00
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	\$590.00	\$43.50	\$9,350.00
Washburn	H8783	1	UCare	EssentiaCare Secure (PPO)	PPO	Enhanced	\$95.00	\$8.00	\$4,500.00
Washburn	H8783	2	UCare	EssentiaCare Grand (PPO)	PPO	Enhanced	\$0.00	\$62.00	\$3,000.00
Washburn	H8783	3	UCare	EssentiaCare Access (PPO)	PPO	Enhanced	\$125.00	\$0.00	\$4,400.00
Washburn	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Washburn	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,300.00
Washburn	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Washburn	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Washington County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$340.00	\$0.00	\$6,700.00
Washington	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Washington	H0294	26	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0009 (PPO)	PPO	Enhanced	\$420.00	\$0.00	\$6,700.00
Washington	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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 Premier (HMO-POS)	HMO-POS	Enhanced	\$590.00	\$0.00	\$4,900.00
Washington	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Washington	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Washington	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Washington	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Washington	H3794	6	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Washington	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Washington	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Washington	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Washington	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$13.40	\$9,350.00
Washington	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.00	\$9,350.00
Washington	H5215	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$320.00	\$0.00	\$3,900.00
Washington	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$3,800.00
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	\$590.00	\$82.00	\$4,150.00
Washington	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$590.00	\$39.00	\$9,350.00
Washington	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$250.00	\$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
Washington	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$4,200.00
Washington	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Washington	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Washington	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,000.00
Washington	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Washington	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$34.00	\$3,800.00
Washington	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$590.00	\$43.50	\$5,000.00
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	Basic	\$590.00	\$38.10	\$9,350.00
Washington	H5253	33	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0013 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$0.00	\$4,900.00
Washington	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$195.00	\$43.50	\$2,000.00
Washington	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$0.00	\$6,700.00
Washington	H5521	150	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$0.00	\$16.00	\$4,500.00
Washington	H5521	195	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$590.00	\$0.00	\$4,500.00
Washington	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Washington	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$590.00	\$166.00	\$1,500.00
Washington	H5521	400	Aetna Medicare	Aetna Medicare Value Plus (PPO)	PPO	Enhanced	\$590.00	\$29.00	\$5,500.00
Washington	H5521	403	Aetna Medicare	Aetna Medicare SmartFit (PPO)	PPO	Enhanced	\$590.00	\$0.00	\$4,700.00
Washington	H5521	614	Aetna Medicare	Aetna Medicare Gold (PPO)	PPO	Enhanced	\$590.00	\$57.00	\$5,500.00
Washington	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$250.00	\$0.00	\$4,150.00
Washington	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Washington	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Washington	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00
Washington	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Washington	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,300.00
Washington	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Washington	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Waukesha County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$340.00	\$0.00	\$6,700.00
Waukesha	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Waukesha	H0294	26	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0009 (PPO)	PPO	Enhanced	\$420.00	\$0.00	\$6,700.00
Waukesha	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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 Premier (HMO-POS)	HMO-POS	Enhanced	\$590.00	\$0.00	\$4,900.00
Waukesha	H2034	1	Community Care	Community Care's Partnership Program (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waukesha	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waukesha	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waukesha	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Waukesha	H3794	6	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waukesha	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Waukesha	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Waukesha	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Waukesha	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$13.40	\$9,350.00
Waukesha	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00
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	9	Network Health Medicare Advantage Plans	Network Health Go (PPO)	PPO	Enhanced	\$320.00	\$0.00	\$3,900.00

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
Waukesha	H5215	10	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$3,800.00
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	\$590.00	\$82.00	\$4,150.00
Waukesha	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$590.00	\$39.00	\$9,350.00
Waukesha	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$5,500.00
Waukesha	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$4,200.00
Waukesha	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Waukesha	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Waukesha	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,000.00
Waukesha	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waukesha	H5253	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$34.00	\$3,800.00
Waukesha	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$590.00	\$43.50	\$5,000.00
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	Basic	\$590.00	\$38.10	\$9,350.00
Waukesha	H5253	33	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0013 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$0.00	\$4,900.00
Waukesha	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$195.00	\$43.50	\$2,000.00
Waukesha	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$0.00	\$6,700.00
Waukesha	H5521	150	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$0.00	\$16.00	\$4,500.00
Waukesha	H5521	195	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$590.00	\$0.00	\$4,500.00
Waukesha	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Waukesha	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$590.00	\$166.00	\$1,500.00
Waukesha	H5521	400	Aetna Medicare	Aetna Medicare Value Plus (PPO)	PPO	Enhanced	\$590.00	\$29.00	\$5,500.00
Waukesha	H5521	403	Aetna Medicare	Aetna Medicare SmartFit (PPO)	PPO	Enhanced	\$590.00	\$0.00	\$4,700.00
Waukesha	H5521	614	Aetna Medicare	Aetna Medicare Gold (PPO)	PPO	Enhanced	\$590.00	\$57.00	\$5,500.00
Waukesha	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$250.00	\$0.00	\$4,150.00
Waukesha	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Waukesha	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Waukesha	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00
Waukesha	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Waukesha	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,400.00
Waukesha	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00

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
Waukesha	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Waupaca County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$340.00	\$0.00	\$6,700.00
Waupaca	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Waupaca	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$420.00	\$0.00	\$5,900.00
Waupaca	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$43.50	\$9,350.00
Waupaca	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waupaca	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waupaca	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Waupaca	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Waupaca	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Waupaca	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Waupaca	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$200.00	\$0.00	\$4,500.00
Waupaca	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$200.00	\$62.00	\$4,500.00
Waupaca	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Waupaca	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00
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	\$370.00	\$73.00	\$3,400.00

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
Waupaca	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$310.00	\$226.00	\$3,400.00
Waupaca	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$8,300.00
Waupaca	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$340.00	\$0.00	\$3,900.00
Waupaca	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,000.00
Waupaca	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$145.00	\$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	\$590.00	\$82.00	\$4,150.00
Waupaca	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$590.00	\$39.00	\$9,350.00
Waupaca	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$5,500.00
Waupaca	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$4,200.00
Waupaca	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Waupaca	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Waupaca	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,000.00
Waupaca	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waupaca	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$590.00	\$43.50	\$5,000.00
Waupaca	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$43.00	\$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	Basic	\$590.00	\$38.10	\$9,350.00
Waupaca	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$0.00	\$4,900.00
Waupaca	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$195.00	\$43.50	\$2,000.00
Waupaca	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$0.00	\$6,700.00
Waupaca	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$250.00	\$0.00	\$4,150.00
Waupaca	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$245.00	\$0.00	\$4,500.00
Waupaca	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Waupaca	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Waupaca	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Waupaca	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00
Waupaca	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Waupaca	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,300.00
Waupaca	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Waupaca	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00

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	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	\$590.00	\$104.00	\$7,200.00

Waushara County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$340.00	\$0.00	\$6,700.00
Waushara	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Waushara	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$420.00	\$0.00	\$5,900.00
Waushara	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waushara	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Waushara	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waushara	H2237	7	iCare	iCare Family Care Partnership (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waushara	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waushara	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Waushara	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Waushara	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Waushara	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Waushara	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$200.00	\$0.00	\$4,500.00
Waushara	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$200.00	\$62.00	\$4,500.00
Waushara	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Waushara	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00
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	\$370.00	\$73.00	\$3,400.00

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
Waushara	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$310.00	\$226.00	\$3,400.00
Waushara	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$8,300.00
Waushara	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$340.00	\$0.00	\$3,900.00
Waushara	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,000.00
Waushara	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$145.00	\$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	\$590.00	\$82.00	\$4,150.00
Waushara	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$590.00	\$39.00	\$9,350.00
Waushara	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$5,500.00
Waushara	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$4,200.00
Waushara	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Waushara	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Waushara	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,000.00
Waushara	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Waushara	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$43.00	\$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	Basic	\$590.00	\$38.10	\$9,350.00
Waushara	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$0.00	\$4,900.00
Waushara	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$0.00	\$6,700.00
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 Value (PPO)	PPO	Enhanced	\$590.00	\$0.00	\$4,900.00
Waushara	H5521	386	Aetna Medicare	Aetna Medicare Enhanced Select (PPO)	PPO	Enhanced	\$590.00	\$166.00	\$1,500.00
Waushara	H5521	388	Aetna Medicare	Aetna Medicare Premier (PPO)	PPO	Enhanced	\$0.00	\$14.00	\$4,200.00
Waushara	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$590.00	\$57.00	\$5,000.00
Waushara	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$250.00	\$0.00	\$4,150.00
Waushara	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$245.00	\$0.00	\$4,500.00
Waushara	H6874	3	Aspirus Health Plan	Aspirus Health Plan Elite (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$3,200.00
Waushara	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Waushara	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00
Waushara	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Waushara	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,300.00

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	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Waushara	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Winnebago County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	\$340.00	\$0.00	\$6,700.00
Winnebago	H0294	4	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	PPO	Enhanced	\$495.00	\$55.00	\$6,700.00
Winnebago	H0294	15	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	PPO	Enhanced	\$420.00	\$0.00	\$5,900.00
Winnebago	H0294	27	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Winnebago	H1181	1	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MSA	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Winnebago	H2237	1	iCare	iCare Medicare Plan SNP-DE (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Winnebago	H3794	2	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Winnebago	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Winnebago	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Winnebago	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Winnebago	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
Winnebago	H4882	4	HealthPartners	HealthPartners Birch (PPO)	PPO	Enhanced	\$200.00	\$0.00	\$4,500.00
Winnebago	H4882	5	HealthPartners	HealthPartners Maple (PPO)	PPO	Enhanced	\$200.00	\$62.00	\$4,500.00
Winnebago	H4882	12	HealthPartners	HealthPartners Glory (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,500.00
Winnebago	H5209	2	My Choice Wisconsin	My Choice Wisconsin Partnership Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$13.40	\$9,350.00
Winnebago	H5209	4	My Choice Wisconsin	My Choice Wisconsin Medicare Dual Advantage Plan (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.00	\$9,350.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00
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	\$370.00	\$73.00	\$3,400.00

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
Winnebago	H5215	5	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	PPO	Enhanced	\$310.00	\$226.00	\$3,400.00
Winnebago	H5215	7	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$8,300.00
Winnebago	H5215	8	Network Health Medicare Advantage Plans	Network Health Select (PPO)	PPO	Enhanced	\$340.00	\$0.00	\$3,900.00
Winnebago	H5215	11	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	PPO	Enhanced	\$300.00	\$0.00	\$4,000.00
Winnebago	H5215	12	Network Health Medicare Advantage Plans	Network Health Zero (PPO)	PPO	Enhanced	\$145.00	\$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	\$590.00	\$82.00	\$4,150.00
Winnebago	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	PPO	Basic	\$590.00	\$39.00	\$9,350.00
Winnebago	H5216	252	Humana	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$5,500.00
Winnebago	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$4,200.00
Winnebago	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Winnebago	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Winnebago	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$350.00	\$0.00	\$5,000.00
Winnebago	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	PPO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
Winnebago	H5253	7	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	HMO-POS I-SNP	Basic	\$590.00	\$43.50	\$5,000.00
Winnebago	H5253	11	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$43.00	\$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	Basic	\$590.00	\$38.10	\$9,350.00
Winnebago	H5253	34	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$0.00	\$4,900.00
Winnebago	H5253	64	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	HMO-POS I-SNP	Enhanced	\$195.00	\$43.50	\$2,000.00
Winnebago	H5253	198	UnitedHealthcare	AARP Medicare Advantage CareFlex from UHC WI-18 (HMO-POS)	HMO-POS	Enhanced	\$495.00	\$0.00	\$6,700.00
Winnebago	H5521	283	Aetna Medicare	Aetna Medicare Value (PPO)	PPO	Enhanced	\$0.00	\$0.00	\$4,250.00
Winnebago	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$4,900.00
Winnebago	H5521	499	Aetna Medicare	Aetna Medicare Smart Plus (PPO)	PPO	Enhanced	\$590.00	\$57.00	\$5,000.00
Winnebago	H6622	1	Humana	Humana Gold Plus H6622-001 (HMO)	HMO	Enhanced	\$250.00	\$0.00	\$4,150.00
Winnebago	H8145	6	Humana	Humana Gold Choice H8145-006 (PFFS)	PFFS	Enhanced	\$590.00	\$38.00	\$7,000.00
Winnebago	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Winnebago	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00
Winnebago	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Winnebago	H9525	6	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,300.00
Winnebago	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00

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
Winnebago	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Wood County Landscape

Data as of September 27, 2024. Includes CY2025 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 chronic 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	12	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0005 (PPO)	PPO	Enhanced	\$420.00	\$106.00	\$4,100.00
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	Basic	\$590.00	\$43.50	\$9,350.00
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	Basic	\$590.00	\$43.50	\$9,350.00
Wood	H3794	4	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$36.70	\$4,900.00
Wood	H4036	8	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	PPO	Enhanced	\$120.00	\$39.00	\$4,500.00
Wood	H4036	20	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (PPO)	PPO	Enhanced	\$195.00	\$0.00	\$4,700.00
Wood	H4036	24	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$6,751.00
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	\$75.30	\$3,400.00
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	\$247.40	\$2,000.00
Wood	H5211	10	Security Health Plan of Wisconsin, Inc.	Ally Rx (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.00	\$9,200.00
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	Humana USAA Honor Giveback with Rx (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$5,500.00
Wood	H5216	253	Humana	HumanaChoice H5216-253 (PPO)	PPO	Enhanced	\$250.00	\$0.00	\$4,200.00
Wood	H5216	258	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Wood	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	PPO	Not Applicable	Not Applicable	Not Applicable	\$5,500.00
Wood	H5216	410	Humana	Humana Full Access H5216-410 (PPO)	PPO	Enhanced	\$350.00	\$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	\$340.00	\$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
Wood	H5253	73	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0016 (HMO-POS)	HMO-POS	Enhanced	\$340.00	\$44.00	\$5,400.00
Wood	H6874	1	Aspirus Health Plan	Aspirus Health Plan Essential Rx (PPO)	PPO	Enhanced	\$245.00	\$0.00	\$4,500.00
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	\$590.00	\$43.50	\$9,350.00
Wood	H8189	1	Wellcare by Allwell	Wellcare Dual Access (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$37.90	\$9,350.00
Wood	H8189	7	Wellcare by Allwell	Wellcare Dual Reserve (HMO-POS D-SNP)	HMO-POS D-SNP	Basic	\$590.00	\$43.50	\$4,500.00
Wood	H9525	3	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$38.50	\$9,350.00
Wood	H9525	4	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	HMO-POS	Enhanced	\$150.00	\$0.00	\$4,400.00
Wood	H9525	12	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$4.50	\$4,500.00
Wood	H9525	18	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	Basic	\$590.00	\$43.50	\$9,350.00
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	\$590.00	\$104.00	\$7,200.00

Attention: Quartz Medicare Advantage Plans may be available in your area. They are not included on this list as their contract with Medicare was not finalized by September 27, 2024. For more information about available plans contact Quartz at **(800) 394-5566**.