State of Wisconsin Board on Aging and Long Term Care
Medigap Helpline: 1(800) 242-1060
Email: BOALTCMedigap@wisconsin.gov
Webpage: http://BOALTC.wi.gov

Thank you for contacting the State of Wisconsin Medigap Helpline or Medigap Prescription Drug Helpline. These helplines are a part of the Wisconsin State Health Insurance Assistance Program (SHIP), and our number can be found on the back of the Wisconsin Medicare and You Book.

Enclosed you will find a list of Medicare Advantage Plans available in the requested Wisconsin County. These plans can also be viewed using the Medicare Advantage Plan Finder at www.Medicare.gov. **The Medicare Advantage Plans can be contacted directly for more information on specific plans**. Contact information can be found below or within the Wisconsin Medicare and You Book.

Organization Name	Phone Number(s)
Aetna Medicare	844-509-6254
Anthem Blue Cross and Blue Shield	PPO 833-668-2197 HMO 833-668-2385
Community Care	866-992-6600
Dean Advantage	877-234-0126
Group Health Cooperative of Eau Claire	800-460-4641
HealthPartners	Cost Plans 800-247-7015 PPO 833-256-7046
Humana	888-873-0686
Medica	800-906-5432
Medical Associates	800-747-8900
Molina	866-384-6326
Network Health	800-983-7587
Quartz Medicare Advantage	800-394-5566
Security Health Plan	866-335-0482
UnitedHealthCare	800-555-5757
Wellcare	844-480-0680
Community Care	866-992-6600

Additional information and resources are available on our program webpage, www.BOALTC.wi.gov. If you find that the Medigap Helpline can be of any service to you, please do not hesitate to contact us again at either of the numbers below or via email at BOALTCMedigap@wisconsin.gov.

Medigap Helpline: (800) 242-1060
Medigap Prescription Drug Helpline: (855) 677-2783

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Wisconsin County Plan Landscape

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Adams	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Adams	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Adams	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Adams	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Adams	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Adams	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Adams	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Adams	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Adams	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Adams	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Adams	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Adams	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Adams	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Adams	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Adams	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Adams	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Adams	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Adams	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Adams	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Adams	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Adams	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Adams	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Adams	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Adams	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Adams	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Adams	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Adams	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Adams	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Adams	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Adams	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Adams	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Adams	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Ashland	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Ashland	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Ashland	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Ashland	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Ashland	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Ashland	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Ashland	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Ashland	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Ashland	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Ashland	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Ashland	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Ashland	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Ashland	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Ashland	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Ashland	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Ashland	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Ashland	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Ashland	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Ashland	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Ashland	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Ashland	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Ashland	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Ashland	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Ashland	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Barron	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Barron	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Barron	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Barron	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Barron	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Barron	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Barron	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Barron	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Barron	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Barron	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Barron	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Barron	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Barron	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Barron	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Barron	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Barron	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Barron	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Barron	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Barron	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Barron	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Barron	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Barron	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Bayfield	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Bayfield	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Bayfield	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Bayfield	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Bayfield	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Bayfield	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Bayfield	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Bayfield	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Bayfield	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Bayfield	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Bayfield	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Bayfield	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Bayfield	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Bayfield	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Bayfield	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Bayfield	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Bayfield	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Bayfield	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Brown	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Brown	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Brown	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Brown	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Brown	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Brown	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Brown	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Brown	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Brown	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Brown	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Brown	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Brown	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Brown	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Brown	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Brown	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Brown	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Brown	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Brown	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Brown	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Brown	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Brown	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Brown	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Brown	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Brown	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Brown	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Brown	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Brown	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Brown	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Brown	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Brown	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Brown	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Brown	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Brown	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Brown	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Brown	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Brown	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Brown	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Brown	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Brown	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Brown	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Brown	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Brown	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Brown	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Brown	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Brown	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Brown	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Brown	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Brown	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Brown	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Brown	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Buffalo	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Buffalo	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Buffalo	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Buffalo	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Buffalo	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Buffalo	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Buffalo	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Buffalo	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Buffalo	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Buffalo	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Buffalo	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Buffalo	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Buffalo	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Buffalo	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Buffalo	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Buffalo	H5262	001	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	MA-PD	$200.00	$202.00	$4,000.00
Buffalo	H5262	003	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	MA-PD	$225.00	$97.00	$4,900.00
Buffalo	H5262	004	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	MA	Not Applicable	Not Applicable	$4,450.00
Buffalo	H5262	005	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	MA	Not Applicable	Not Applicable	$4,000.00
Buffalo	H5262	021	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	MA-PD	$270.00	$42.00	$5,900.00
Buffalo	H5262	032	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	MA-PD	$270.00	$0.00	$7,150.00
Buffalo	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Buffalo	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Buffalo	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Buffalo	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Buffalo	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Buffalo	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Buffalo	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Buffalo	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Burnett	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Burnett	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Burnett	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Burnett	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Burnett	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Burnett	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Burnett	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Burnett	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Burnett	H2462	026	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Burnett	H2462	027	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	$5,000.00
Burnett	H2462	028	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	$4,000.00
Burnett	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Burnett	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Burnett	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Burnett	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Burnett	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Burnett	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Burnett	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Burnett	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Burnett	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Burnett	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Burnett	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Burnett	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Burnett	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Burnett	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Burnett	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Burnett	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Burnett	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Calumet	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Calumet	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Calumet	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Calumet	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Calumet	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Calumet	H2034	001	Community Care	Community Care's Partnership Program (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Calumet	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Calumet	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Calumet	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Calumet	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Calumet	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Calumet	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Calumet	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Calumet	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Calumet	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Calumet	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Calumet	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Calumet	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Calumet	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Calumet	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Calumet	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Calumet	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Calumet	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Calumet	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

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Calumet	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Calumet	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Calumet	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Calumet	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Calumet	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Calumet	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Calumet	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Calumet	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Calumet	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Calumet	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Calumet	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Calumet	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Calumet	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Calumet	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Calumet	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Calumet	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Calumet	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Calumet	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Calumet	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Calumet	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Calumet	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Chippewa	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Chippewa	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Chippewa	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Chippewa	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Chippewa	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Chippewa	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Chippewa	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Chippewa	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Chippewa	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Chippewa	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Chippewa	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Chippewa	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Chippewa	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Chippewa	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Chippewa	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Chippewa	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Chippewa	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Chippewa	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Chippewa	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Clark	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Clark	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Clark	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Clark	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Clark	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Clark	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Clark	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Clark	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Clark	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Clark	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Clark	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Clark	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Clark	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Clark	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Clark	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Clark	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Clark	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Clark	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Clark	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Clark	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Clark	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Clark	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Clark	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Clark	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Clark	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Clark	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Clark	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Clark	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Clark	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Clark	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrolees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Columbia	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Columbia	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Columbia	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Columbia	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Columbia	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Columbia	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Columbia	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Columbia	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Columbia	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Columbia	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Columbia	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Columbia	H5216	006	Humana	HumanaChoice H5216-006 (PPO)	MA-PD	$700.00	$36.00	$6,300.00
Columbia	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	MA-PD	$700.00	$167.00	$4,200.00
Columbia	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Columbia	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Columbia	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Columbia	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Columbia	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Columbia	H5262	007	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite D (w/Rx) (HMO)	MA-PD	$200.00	$171.00	$6,500.00
Columbia	H5262	008	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value D (w/Rx) (HMO)	MA-PD	$225.00	$114.00	$6,500.00
Columbia	H5262	009	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value (HMO)	MA	Not Applicable	Not Applicable	$4,900.00
Columbia	H5262	010	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite (HMO)	MA	Not Applicable	Not Applicable	$4,450.00
Columbia	H5262	023	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Core D (w/Rx) (HMO)	MA-PD	$270.00	$47.00	$6,500.00
Columbia	H5262	033	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Basic D (w/Rx) (HMO)	MA-PD	$270.00	$0.00	$7,150.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Columbia	H5264	002	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Columbia	H5264	005	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	$7,900.00
Columbia	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Columbia	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Columbia	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Columbia	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Columbia	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Columbia	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Columbia	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Columbia	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Columbia	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Columbia	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Columbia	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Columbia	H9096	001	Dean Advantage	Dean Advantage Assurance (HMO-POS)	MA-PD	$350.00	$60.00	$5,000.00
Columbia	H9096	002	Dean Advantage	Dean Advantage Balance (HMO-POS)	MA-PD	$315.00	$139.00	$4,200.00
Columbia	H9096	004	Dean Advantage	Dean Advantage Essential (HMO)	MA-PD	$700.00	$0.00	$7,150.00
Columbia	H9096	005	Dean Advantage	Dean Advantage Complete (HMO)	MA-PD	$105.00	$276.00	$2,750.00
Columbia	H9096	010	Dean Advantage	Dean Advantage Harmony (HMO-POS)	MA	Not Applicable	Not Applicable	$5,000.00
Columbia	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Columbia	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Columbia	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Columbia	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Crawford	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Crawford	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Crawford	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Crawford	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Crawford	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Crawford	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Crawford	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Crawford	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Crawford	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	MA-PD	$700.00	$167.00	$4,200.00
Crawford	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Crawford	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Crawford	H5256	001	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates SmartPlan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Crawford	H5256	002	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Community Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Crawford	H5256	004	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Freedom Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Crawford	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Crawford	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Crawford	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Crawford	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Crawford	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Crawford	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Crawford	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Crawford	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Dane	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Dane	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Dane	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Dane	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Dane	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Dane	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Dane	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Dane	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Dane	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Dane	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Dane	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Dane	H5216	006	Humana	HumanaChoice H5216-006 (PPO)	MA-PD	$700.00	$36.00	$6,300.00
Dane	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	MA-PD	$700.00	$167.00	$4,200.00
Dane	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Dane	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Dane	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Dane	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Dane	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Dane	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Dane	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Dane	H5262	007	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite D (w/Rx) (HMO)	MA-PD	$200.00	$171.00	$6,500.00
Dane	H5262	008	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value D (w/Rx) (HMO)	MA-PD	$225.00	$114.00	$6,500.00
Dane	H5262	009	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value (HMO)	MA	Not Applicable	Not Applicable	$4,900.00
Dane	H5262	010	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite (HMO)	MA	Not Applicable	Not Applicable	$4,450.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Dane	H5262	023	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Core D (w/Rx) (HMO)	MA-PD	$270.00	$47.00	$6,500.00
Dane	H5262	030	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Dual Eligible (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Dane	H5262	033	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Basic D (w/Rx) (HMO)	MA-PD	$270.00	$0.00	$7,150.00
Dane	H5264	002	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Dane	H5264	005	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	$7,900.00
Dane	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Dane	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Dane	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Dane	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Dane	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Dane	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Dane	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Dane	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Dane	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Dane	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Dane	H9096	001	Dean Advantage	Dean Advantage Assurance (HMO-POS)	MA-PD	$350.00	$60.00	$5,000.00
Dane	H9096	002	Dean Advantage	Dean Advantage Balance (HMO-POS)	MA-PD	$315.00	$139.00	$4,200.00
Dane	H9096	004	Dean Advantage	Dean Advantage Essential (HMO)	MA-PD	$700.00	$0.00	$7,150.00
Dane	H9096	005	Dean Advantage	Dean Advantage Complete (HMO)	MA-PD	$105.00	$276.00	$2,750.00
Dane	H9096	010	Dean Advantage	Dean Advantage Harmony (HMO-POS)	MA	Not Applicable	Not Applicable	$5,000.00
Dane	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Dane	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Dane	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Dane	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Dodge	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Dodge	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Dodge	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Dodge	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Dodge	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Dodge	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Dodge	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Dodge	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Dodge	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Dodge	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Dodge	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Dodge	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Dodge	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Dodge	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Dodge	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Dodge	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Dodge	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Dodge	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Dodge	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Dodge	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Dodge	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Dodge	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Dodge	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Dodge	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Dodge	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Dodge	H5264	002	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Dodge	H5264	005	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	$7,900.00
Dodge	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Dodge	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Dodge	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Dodge	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Dodge	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Dodge	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Dodge	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Dodge	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Dodge	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Dodge	H9096	001	Dean Advantage	Dean Advantage Assurance (HMO-POS)	MA-PD	$350.00	$60.00	$5,000.00
Dodge	H9096	002	Dean Advantage	Dean Advantage Balance (HMO-POS)	MA-PD	$315.00	$139.00	$4,200.00
Dodge	H9096	004	Dean Advantage	Dean Advantage Essential (HMO)	MA-PD	$700.00	$0.00	$7,150.00
Dodge	H9096	005	Dean Advantage	Dean Advantage Complete (HMO)	MA-PD	$105.00	$276.00	$2,750.00
Dodge	H9096	010	Dean Advantage	Dean Advantage Harmony (HMO-POS)	MA	Not Applicable	Not Applicable	$5,000.00
Dodge	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Dodge	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Dodge	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Dodge	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Dodge	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Door	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Door	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Door	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Door	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Door	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Door	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Door	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Door	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Door	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Door	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Door	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Door	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Door	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Door	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Door	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Door	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Door	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Door	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Door	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Door	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Door	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Door	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Door	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Door	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Door	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Door	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Door	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Douglas	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Douglas	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Douglas	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Douglas	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Douglas	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Douglas	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Douglas	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Douglas	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Douglas	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Douglas	H2462	026	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Douglas	H2462	027	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	$5,000.00
Douglas	H2462	028	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	$4,000.00
Douglas	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Douglas	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Douglas	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Douglas	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Douglas	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Douglas	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Douglas	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Douglas	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Douglas	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Douglas	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Douglas	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Douglas	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Douglas	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Dunn	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Dunn	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Dunn	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Dunn	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Dunn	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Dunn	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Dunn	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Dunn	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Dunn	H2462	026	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Dunn	H2462	027	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	$5,000.00
Dunn	H2462	028	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	$4,000.00
Dunn	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Dunn	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Dunn	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Dunn	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Dunn	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Dunn	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Dunn	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Dunn	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Dunn	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Dunn	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Dunn	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Dunn	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Dunn	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Dunn	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Dunn	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Dunn	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Dunn	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Eau Claire	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Eau Claire	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Eau Claire	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Eau Claire	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Eau Claire	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Eau Claire	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Eau Claire	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Eau Claire	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Eau Claire	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Eau Claire	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Eau Claire	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Eau Claire	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Eau Claire	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Eau Claire	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Eau Claire	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Eau Claire	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Florence	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Florence	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Florence	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Florence	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Florence	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Florence	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Florence	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Florence	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Florence	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Florence	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Florence	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Florence	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Florence	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Florence	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Florence	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Florence	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Florence	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Florence	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Florence	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Florence	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Florence	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Florence	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Florence	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Florence	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Florence	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Florence	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Florence	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Florence	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Florence	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Florence	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Florence	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Florence	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Florence	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Florence	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Florence	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Florence	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrolees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Fond du Lac	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Fond du Lac	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Fond du Lac	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Fond du Lac	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Fond du Lac	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Fond du Lac	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Fond du Lac	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Fond du Lac	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Fond du Lac	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Fond du Lac	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Fond du Lac	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Fond du Lac	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Fond du Lac	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Fond du Lac	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Fond du Lac	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Fond du Lac	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Fond du Lac	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Fond du Lac	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Fond du Lac	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Fond du Lac	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Fond du Lac	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Fond du Lac	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Fond du Lac	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Fond du Lac	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Fond du Lac	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Fond du Lac	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Fond du Lac	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Fond du Lac	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Fond du Lac	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Fond du Lac	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Fond du Lac	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Fond du Lac	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Fond du Lac	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Fond du Lac	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Fond du Lac	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Fond du Lac	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Fond du Lac	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Fond du Lac	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Fond du Lac	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Fond du Lac	H9096	001	Dean Advantage	Dean Advantage Assurance (HMO-POS)	MA-PD	$350.00	$60.00	$5,000.00
Fond du Lac	H9096	002	Dean Advantage	Dean Advantage Balance (HMO-POS)	MA-PD	$315.00	$139.00	$4,200.00
Fond du Lac	H9096	004	Dean Advantage	Dean Advantage Essential (HMO)	MA-PD	$700.00	$0.00	$7,150.00
Fond du Lac	H9096	005	Dean Advantage	Dean Advantage Complete (HMO)	MA-PD	$105.00	$276.00	$2,750.00
Fond du Lac	H9096	010	Dean Advantage	Dean Advantage Harmony (HMO-POS)	MA	Not Applicable	Not Applicable	$5,000.00
Fond du Lac	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Fond du Lac	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Fond du Lac	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Fond du Lac	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Fond du Lac	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Forest	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Forest	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Forest	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Forest	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Forest	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Forest	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Forest	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Forest	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Forest	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Forest	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Forest	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Forest	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Forest	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Forest	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Forest	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Forest	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Forest	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Forest	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Forest	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Forest	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Forest	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Forest	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Forest	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Forest	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Forest	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Forest	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Forest	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Forest	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Forest	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Forest	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Forest	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Forest	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Forest	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Forest	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Forest	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Forest	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Forest	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Forest	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Forest	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Forest	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Forest	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Forest	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Grant	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Grant	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Grant	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Grant	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Grant	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Grant	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Grant	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Grant	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Grant	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Grant	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Grant	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Grant	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Grant	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Grant	H5256	001	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates SmartPlan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Grant	H5256	002	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Community Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Grant	H5256	004	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Freedom Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Grant	H5264	002	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Grant	H5264	005	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	$7,900.00
Grant	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Grant	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Grant	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Grant	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Grant	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Grant	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Green Lake	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Green Lake	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Green Lake	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Green Lake	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Green Lake	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Green Lake	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Green Lake	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Green Lake	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Green Lake	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Green Lake	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Green Lake	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Green Lake	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Green Lake	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Green Lake	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Green Lake	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Green Lake	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Green Lake	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Green Lake	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Green Lake	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Green Lake	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Green Lake	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Green Lake	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Green Lake	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Green Lake	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Green Lake	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Green Lake	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Green Lake	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Green Lake	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Green Lake	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Green Lake	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Green	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Green	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Green	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Green	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Green	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Green	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Green	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Green	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Green	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Green	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Green	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Green	H5216	006	Humana	HumanaChoice H5216-006 (PPO)	MA-PD	$700.00	$36.00	$6,300.00
Green	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	MA-PD	$700.00	$167.00	$4,200.00
Green	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Green	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Green	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Green	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Green	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Green	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Green	H5262	007	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite D (w/Rx) (HMO)	MA-PD	$200.00	$171.00	$6,500.00
Green	H5262	008	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value D (w/Rx) (HMO)	MA-PD	$225.00	$114.00	$6,500.00
Green	H5262	009	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Value (HMO)	MA	Not Applicable	Not Applicable	$4,900.00
Green	H5262	010	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Elite (HMO)	MA	Not Applicable	Not Applicable	$4,450.00
Green	H5262	023	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Core D (w/Rx) (HMO)	MA-PD	$270.00	$47.00	$6,500.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Green	H5262	033	Quartz Medicare Advantage (HMO)	UW Health Quartz Med Advantage Basic D (w/Rx) (HMO)	MA-PD	$270.00	$0.00	$7,150.00
Green	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Green	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Green	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Green	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Green	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Green	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Green	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Green	H9096	001	Dean Advantage	Dean Advantage Assurance (HMO-POS)	MA-PD	$350.00	$60.00	$5,000.00
Green	H9096	002	Dean Advantage	Dean Advantage Balance (HMO-POS)	MA-PD	$315.00	$139.00	$4,200.00
Green	H9096	004	Dean Advantage	Dean Advantage Essential (HMO)	MA-PD	$700.00	$0.00	$7,150.00
Green	H9096	005	Dean Advantage	Dean Advantage Complete (HMO)	MA-PD	$105.00	$276.00	$2,750.00
Green	H9096	010	Dean Advantage	Dean Advantage Harmony (HMO-POS)	MA	Not Applicable	Not Applicable	$5,000.00
Green	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Green	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Green	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Green	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Iowa	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Iowa	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Iowa	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Iowa	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Iowa	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Iowa	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Iowa	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Iowa	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Iowa	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Iowa	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Iowa	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Iowa	H5216	006	Humana	HumanaChoice H5216-006 (PPO)	MA-PD	$700.00	$36.00	$6,300.00
Iowa	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	MA-PD	$700.00	$167.00	$4,200.00
Iowa	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Iowa	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Iowa	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Iowa	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Iowa	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Iowa	H5256	001	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates SmartPlan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Iowa	H5256	002	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Community Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Iowa	H5256	004	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Freedom Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Iowa	H5264	002	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Iowa	H5264	005	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	$7,900.00
Iowa	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Iowa	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Iowa	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Iowa	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Iowa	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Iowa	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Iowa	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Iowa	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Iowa	H9096	001	Dean Advantage	Dean Advantage Assurance (HMO-POS)	MA-PD	$350.00	$60.00	$5,000.00
Iowa	H9096	002	Dean Advantage	Dean Advantage Balance (HMO-POS)	MA-PD	$315.00	$139.00	$4,200.00
Iowa	H9096	004	Dean Advantage	Dean Advantage Essential (HMO)	MA-PD	$700.00	$0.00	$7,150.00
Iowa	H9096	005	Dean Advantage	Dean Advantage Complete (HMO)	MA-PD	$105.00	$276.00	$2,750.00
Iowa	H9096	010	Dean Advantage	Dean Advantage Harmony (HMO-POS)	MA	Not Applicable	Not Applicable	$5,000.00
Iowa	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Iowa	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Iowa	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Iowa	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Iron	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Iron	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Iron	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Iron	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Iron	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Iron	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Iron	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Iron	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Iron	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Iron	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Iron	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Iron	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Iron	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Iron	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Iron	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Iron	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Iron	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Iron	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Iron	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Iron	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Iron	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Iron	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Iron	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Iron	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00

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Iron	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Iron	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Jackson	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Jackson	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Jackson	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Jackson	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Jackson	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Jackson	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Jackson	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Jackson	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Jackson	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Jackson	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Jackson	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Jackson	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Jackson	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Jackson	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Jackson	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Jackson	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Jackson	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Jackson	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Jackson	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Jackson	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Jackson	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Jackson	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Jefferson	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Jefferson	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Jefferson	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Jefferson	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Jefferson	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Jefferson	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Jefferson	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Jefferson	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Jefferson	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Jefferson	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Jefferson	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Jefferson	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Jefferson	H5216	006	Humana	HumanaChoice H5216-006 (PPO)	MA-PD	$700.00	$36.00	$6,300.00
Jefferson	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	MA-PD	$700.00	$167.00	$4,200.00
Jefferson	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Jefferson	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Jefferson	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Jefferson	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Jefferson	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Jefferson	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Jefferson	H5264	002	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Jefferson	H5264	005	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	$7,900.00
Jefferson	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Jefferson	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Jefferson	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Jefferson	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Jefferson	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Jefferson	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Jefferson	H9096	001	Dean Advantage	Dean Advantage Assurance (HMO-POS)	MA-PD	$350.00	$60.00	$5,000.00
Jefferson	H9096	002	Dean Advantage	Dean Advantage Balance (HMO-POS)	MA-PD	$315.00	$139.00	$4,200.00
Jefferson	H9096	004	Dean Advantage	Dean Advantage Essential (HMO)	MA-PD	$700.00	$0.00	$7,150.00
Jefferson	H9096	005	Dean Advantage	Dean Advantage Complete (HMO)	MA-PD	$105.00	$276.00	$2,750.00
Jefferson	H9096	010	Dean Advantage	Dean Advantage Harmony (HMO-POS)	MA	Not Applicable	Not Applicable	$5,000.00
Jefferson	H9525	004	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$450.00	$0.00	$4,900.00
Jefferson	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Jefferson	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Jefferson	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Jefferson	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Juneau	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Juneau	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Juneau	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Juneau	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Juneau	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Juneau	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Juneau	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Juneau	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Juneau	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Juneau	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Juneau	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Juneau	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Juneau	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Juneau	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Juneau	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Juneau	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Juneau	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Juneau	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Juneau	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Juneau	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Juneau	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Juneau	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Juneau	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Juneau	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Juneau	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Kenosha	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Kenosha	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Kenosha	H1206	002	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	MA-PD	$400.00	$0.00	$5,900.00
Kenosha	H2034	001	Community Care	Community Care's Partnership Program (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Kenosha	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Kenosha	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Kenosha	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Kenosha	H3794	010	UnitedHealthcare	UHC Dual Complete WI-YL (HMO-POS D-SNP)	SNP	$700.00	$6.30	$9,850.00
Kenosha	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Kenosha	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Kenosha	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Kenosha	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Kenosha	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Kenosha	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Kenosha	H5215	010	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	MA-PD	$320.00	$0.00	$4,500.00
Kenosha	H5215	014	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	MA	Not Applicable	Not Applicable	$4,500.00
Kenosha	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Kenosha	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Kenosha	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Kenosha	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Kenosha	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Kenosha	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Kenosha	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Kenosha	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Kenosha	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$40.00	$5,000.00
Kenosha	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Kenosha	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Kenosha	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	MA-PD	$400.00	$0.00	$6,350.00
Kenosha	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	MA-PD	$500.00	$0.00	$5,500.00
Kenosha	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Kenosha	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Kenosha	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Kenosha	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Kenosha	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Kenosha	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Kenosha	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Kenosha	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Kenosha	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Kenosha	H9525	004	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$450.00	$0.00	$4,900.00
Kenosha	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Kenosha	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Kenosha	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Kenosha	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Kewaunee	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Kewaunee	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Kewaunee	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Kewaunee	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Kewaunee	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Kewaunee	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Kewaunee	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Kewaunee	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Kewaunee	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Kewaunee	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Kewaunee	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Kewaunee	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Kewaunee	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Kewaunee	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Kewaunee	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Kewaunee	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Kewaunee	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Kewaunee	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Kewaunee	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Kewaunee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Kewaunee	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Kewaunee	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Kewaunee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Kewaunee	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00

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Kewaunee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Kewaunee	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Kewaunee	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Kewaunee	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Kewaunee	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Kewaunee	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Kewaunee	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Kewaunee	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Kewaunee	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Kewaunee	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Kewaunee	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Kewaunee	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Kewaunee	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Kewaunee	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Kewaunee	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Kewaunee	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Kewaunee	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Kewaunee	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Kewaunee	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Kewaunee	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Kewaunee	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Kewaunee	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
La Crosse	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
La Crosse	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
La Crosse	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
La Crosse	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
La Crosse	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
La Crosse	H5262	001	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	MA-PD	$200.00	$202.00	$4,000.00
La Crosse	H5262	003	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	MA-PD	$225.00	$97.00	$4,900.00
La Crosse	H5262	004	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	MA	Not Applicable	Not Applicable	$4,450.00
La Crosse	H5262	005	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	MA	Not Applicable	Not Applicable	$4,000.00
La Crosse	H5262	021	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	MA-PD	$270.00	$42.00	$5,900.00
La Crosse	H5262	029	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Dual Eligible (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
La Crosse	H5262	032	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	MA-PD	$270.00	$0.00	$7,150.00
La Crosse	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
La Crosse	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
La Crosse	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
La Crosse	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
La Crosse	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
La Crosse	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
La Crosse	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
La Crosse	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
La Crosse	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
La Crosse	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
La Crosse	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Lafayette	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Lafayette	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Lafayette	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Lafayette	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Lafayette	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Lafayette	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Lafayette	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Lafayette	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Lafayette	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Lafayette	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Lafayette	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Lafayette	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Lafayette	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Lafayette	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Lafayette	H5256	001	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates SmartPlan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Lafayette	H5256	002	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Community Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Lafayette	H5256	004	Medical Associates Clinic Health Plan of Wisconsin	Medical Associates Freedom Plan (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Lafayette	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Lafayette	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Lafayette	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Lafayette	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Lafayette	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Lafayette	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Lafayette	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Lafayette	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Lafayette	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Lafayette	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Lafayette	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Lafayette	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Langlade	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Langlade	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Langlade	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Langlade	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Langlade	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Langlade	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Langlade	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Langlade	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Langlade	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Langlade	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Langlade	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Langlade	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Langlade	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Langlade	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Langlade	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Langlade	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Langlade	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Langlade	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Langlade	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Langlade	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Langlade	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Langlade	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Langlade	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Langlade	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Langlade	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Langlade	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Lincoln	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Lincoln	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Lincoln	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Lincoln	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Lincoln	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Lincoln	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Lincoln	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Lincoln	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Lincoln	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Lincoln	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Lincoln	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Lincoln	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Lincoln	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Lincoln	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Lincoln	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Lincoln	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Lincoln	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Lincoln	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Lincoln	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Lincoln	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Lincoln	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Manitowoc	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Manitowoc	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Manitowoc	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Manitowoc	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Manitowoc	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Manitowoc	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Manitowoc	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Manitowoc	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Manitowoc	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Manitowoc	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Manitowoc	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Manitowoc	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Manitowoc	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Manitowoc	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Manitowoc	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Manitowoc	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Manitowoc	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Manitowoc	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Manitowoc	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Manitowoc	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Manitowoc	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Manitowoc	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Manitowoc	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Manitowoc	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Manitowoc	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Manitowoc	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Manitowoc	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Manitowoc	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Manitowoc	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Manitowoc	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Manitowoc	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Manitowoc	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Manitowoc	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Manitowoc	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Manitowoc	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Manitowoc	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Manitowoc	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Manitowoc	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Manitowoc	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Manitowoc	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Manitowoc	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Manitowoc	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Manitowoc	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Manitowoc	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Manitowoc	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Manitowoc	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Manitowoc	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Manitowoc	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Manitowoc	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Manitowoc	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Marathon	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Marathon	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Marathon	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Marathon	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Marathon	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Marathon	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Marathon	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Marathon	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Marathon	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Marathon	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Marathon	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Marathon	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Marathon	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Marathon	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Marathon	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Marathon	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Marathon	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Marathon	H5253	072	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Marathon	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Marathon	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Marathon	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Marathon	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Marathon	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Marathon	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Marathon	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Marathon	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Marathon	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Marathon	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Marathon	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Marathon	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Marinette	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Marinette	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Marinette	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Marinette	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Marinette	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Marinette	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Marinette	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Marinette	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Marinette	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Marinette	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Marinette	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Marinette	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Marinette	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Marinette	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Marinette	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Marinette	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Marinette	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Marinette	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Marinette	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Marinette	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Marinette	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Marinette	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Marinette	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Marinette	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Marinette	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Marinette	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Marinette	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Marinette	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Marinette	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Marinette	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Marinette	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Marinette	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Marinette	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Marinette	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Marinette	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Marinette	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Marinette	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Marinette	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Marinette	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Marinette	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Marinette	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Marinette	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Marinette	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Marinette	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Marinette	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Marquette	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Marquette	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Marquette	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Marquette	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Marquette	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Marquette	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Marquette	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Marquette	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Marquette	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Marquette	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Marquette	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Marquette	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Marquette	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Marquette	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Marquette	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Marquette	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Marquette	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Marquette	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Marquette	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Marquette	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Marquette	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Marquette	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Marquette	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Marquette	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00

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Marquette	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Marquette	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Marquette	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Marquette	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Marquette	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Marquette	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Marquette	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Marquette	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Marquette	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Marquette	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Marquette	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Marquette	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Marquette	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Marquette	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Marquette	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Marquette	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Marquette	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Marquette	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Marquette	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Marquette	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Marquette	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Menominee	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Menominee	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Menominee	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Menominee	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Menominee	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Menominee	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Menominee	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Menominee	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Menominee	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Menominee	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Menominee	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Menominee	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Menominee	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Menominee	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Menominee	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Menominee	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Menominee	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Menominee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Menominee	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Menominee	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Menominee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Menominee	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Menominee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Menominee	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Menominee	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Menominee	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Menominee	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Menominee	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Menominee	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Menominee	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Menominee	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Menominee	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Menominee	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Menominee	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Menominee	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Menominee	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Menominee	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Menominee	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Menominee	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Menominee	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Menominee	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrolees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Milwaukee	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Milwaukee	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Milwaukee	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Milwaukee	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Milwaukee	H1206	002	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	MA-PD	$400.00	$0.00	$5,900.00
Milwaukee	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Milwaukee	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Milwaukee	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Milwaukee	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Milwaukee	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Milwaukee	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Milwaukee	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Milwaukee	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Milwaukee	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Milwaukee	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Milwaukee	H5215	009	Network Health Medicare Advantage Plans	Network Health Go (PPO)	MA-PD	$340.00	$0.00	$5,000.00
Milwaukee	H5215	010	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	MA-PD	$320.00	$0.00	$4,500.00
Milwaukee	H5215	014	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	MA	Not Applicable	Not Applicable	$4,500.00
Milwaukee	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Milwaukee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Milwaukee	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Milwaukee	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Milwaukee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Milwaukee	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Milwaukee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Milwaukee	H5253	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	MA-PD	$685.00	$57.00	$4,450.00
Milwaukee	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Milwaukee	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Milwaukee	H5253	033	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	MA-PD	$685.00	$0.00	$5,400.00
Milwaukee	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Milwaukee	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Milwaukee	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Milwaukee	H5253	240	UnitedHealthcare	UHC Complete Care WI-21 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,100.00
Milwaukee	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$40.00	$5,000.00
Milwaukee	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Milwaukee	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Milwaukee	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	MA-PD	$400.00	$0.00	$6,350.00
Milwaukee	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	MA-PD	$500.00	$0.00	$5,500.00
Milwaukee	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Milwaukee	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Milwaukee	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Milwaukee	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Milwaukee	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Milwaukee	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Milwaukee	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Milwaukee	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Milwaukee	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Milwaukee	H9525	004	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$450.00	$0.00	$4,900.00
Milwaukee	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Milwaukee	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Milwaukee	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Milwaukee	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Monroe	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Monroe	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Monroe	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Monroe	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Monroe	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Monroe	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Monroe	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Monroe	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Monroe	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Monroe	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Monroe	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Monroe	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Monroe	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Monroe	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Monroe	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Monroe	H5262	001	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	MA-PD	$200.00	$202.00	$4,000.00
Monroe	H5262	003	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	MA-PD	$225.00	$97.00	$4,900.00
Monroe	H5262	004	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	MA	Not Applicable	Not Applicable	$4,450.00
Monroe	H5262	005	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	MA	Not Applicable	Not Applicable	$4,000.00
Monroe	H5262	021	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	MA-PD	$270.00	$42.00	$5,900.00
Monroe	H5262	032	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	MA-PD	$270.00	$0.00	$7,150.00
Monroe	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Monroe	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Monroe	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Monroe	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Monroe	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Monroe	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Monroe	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Monroe	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Monroe	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Monroe	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Monroe	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Oconto	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Oconto	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Oconto	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Oconto	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Oconto	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Oconto	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Oconto	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Oconto	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Oconto	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Oconto	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Oconto	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Oconto	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Oconto	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Oconto	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Oconto	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Oconto	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Oconto	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Oconto	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Oconto	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Oconto	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Oconto	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Oconto	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Oconto	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Oconto	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Oconto	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Oconto	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Oconto	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Oconto	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Oconto	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Oconto	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Oconto	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Oconto	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Oconto	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Oconto	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Oconto	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Oconto	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Oconto	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Oconto	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Oconto	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Oconto	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Oconto	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrollees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Oneida	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Oneida	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Oneida	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Oneida	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Oneida	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Oneida	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Oneida	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Oneida	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Oneida	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Oneida	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Oneida	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Oneida	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Oneida	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Oneida	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Oneida	H5253	072	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Oneida	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Oneida	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Oneida	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Oneida	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Oneida	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Oneida	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Oneida	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Oneida	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Oneida	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrollees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Outagamie	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Outagamie	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Outagamie	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Outagamie	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Outagamie	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Outagamie	H2034	001	Community Care	Community Care's Partnership Program (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Outagamie	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Outagamie	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Outagamie	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Outagamie	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Outagamie	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Outagamie	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Outagamie	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Outagamie	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Outagamie	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Outagamie	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Outagamie	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Outagamie	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Outagamie	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Outagamie	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Outagamie	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Outagamie	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Outagamie	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Outagamie	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Outagamie	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Outagamie	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Outagamie	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Outagamie	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Outagamie	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Outagamie	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Outagamie	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Outagamie	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Outagamie	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Outagamie	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Outagamie	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Outagamie	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Outagamie	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Outagamie	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Outagamie	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Outagamie	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Outagamie	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Outagamie	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Outagamie	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Outagamie	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Outagamie	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Outagamie	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Outagamie	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Outagamie	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Outagamie	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Outagamie	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Ozaukee	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Ozaukee	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Ozaukee	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Ozaukee	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Ozaukee	H1206	002	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	MA-PD	$400.00	$0.00	$5,900.00
Ozaukee	H2034	001	Community Care	Community Care's Partnership Program (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Ozaukee	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Ozaukee	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Ozaukee	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Ozaukee	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Ozaukee	H3794	010	UnitedHealthcare	UHC Dual Complete WI-YL (HMO-POS D-SNP)	SNP	$700.00	$6.30	$9,850.00
Ozaukee	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Ozaukee	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Ozaukee	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Ozaukee	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Ozaukee	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Ozaukee	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Ozaukee	H5215	009	Network Health Medicare Advantage Plans	Network Health Go (PPO)	MA-PD	$340.00	$0.00	$5,000.00
Ozaukee	H5215	010	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	MA-PD	$320.00	$0.00	$4,500.00
Ozaukee	H5215	014	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	MA	Not Applicable	Not Applicable	$4,500.00
Ozaukee	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Ozaukee	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Ozaukee	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Ozaukee	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Ozaukee	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Ozaukee	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Ozaukee	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Ozaukee	H5253	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	MA-PD	$685.00	$57.00	$4,450.00
Ozaukee	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Ozaukee	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Ozaukee	H5253	033	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	MA-PD	$685.00	$0.00	$5,400.00
Ozaukee	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Ozaukee	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Ozaukee	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Ozaukee	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$40.00	$5,000.00
Ozaukee	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Ozaukee	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Ozaukee	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	MA-PD	$400.00	$0.00	$6,350.00
Ozaukee	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	MA-PD	$500.00	$0.00	$5,500.00
Ozaukee	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Ozaukee	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Ozaukee	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Ozaukee	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Ozaukee	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Ozaukee	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Ozaukee	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Ozaukee	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Ozaukee	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Ozaukee	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Ozaukee	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Ozaukee	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Ozaukee	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Ozaukee	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Pepin	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Pepin	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Pepin	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Pepin	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Pepin	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Pepin	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Pepin	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Pepin	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Pepin	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Pepin	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Pepin	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Pepin	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Pepin	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Pepin	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Pepin	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Pepin	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Pepin	H5262	001	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	MA-PD	$200.00	$202.00	$4,000.00
Pepin	H5262	003	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	MA-PD	$225.00	$97.00	$4,900.00
Pepin	H5262	004	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	MA	Not Applicable	Not Applicable	$4,450.00
Pepin	H5262	005	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	MA	Not Applicable	Not Applicable	$4,000.00
Pepin	H5262	021	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	MA-PD	$270.00	$42.00	$5,900.00
Pepin	H5262	032	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	MA-PD	$270.00	$0.00	$7,150.00
Pepin	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Pepin	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Pepin	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Pepin	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Pepin	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Pepin	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Pepin	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Pepin	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Pierce	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Pierce	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Pierce	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Pierce	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Pierce	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Pierce	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Pierce	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Pierce	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Pierce	H2462	026	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Pierce	H2462	027	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	$5,000.00
Pierce	H2462	028	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	$4,000.00
Pierce	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Pierce	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Pierce	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Pierce	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Pierce	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Pierce	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Pierce	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Pierce	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Pierce	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Pierce	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Pierce	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Pierce	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Polk	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Polk	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Polk	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Polk	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Polk	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Polk	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Polk	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Polk	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Polk	H2462	026	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Polk	H2462	027	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	$5,000.00
Polk	H2462	028	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	$4,000.00
Polk	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Polk	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Polk	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Polk	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Polk	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Polk	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Polk	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Polk	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Polk	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Polk	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Polk	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Polk	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Polk	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Polk	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Polk	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Polk	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Polk	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Portage	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Portage	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Portage	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Portage	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Portage	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Portage	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Portage	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Portage	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Portage	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Portage	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Portage	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Portage	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Portage	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Portage	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Portage	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Portage	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Portage	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Portage	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Portage	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Portage	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Portage	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Portage	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Portage	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Portage	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Portage	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Portage	H5253	072	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Portage	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Portage	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Portage	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Portage	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Portage	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Portage	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Portage	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Portage	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Portage	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Portage	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Portage	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Portage	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Portage	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Portage	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Price	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Price	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Price	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Price	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Price	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Price	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Price	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Price	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Price	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Price	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Price	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Price	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Price	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Price	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Price	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Price	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Price	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Price	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Price	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Price	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Price	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Price	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Price	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Racine	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Racine	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Racine	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Racine	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Racine	H1206	002	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	MA-PD	$400.00	$0.00	$5,900.00
Racine	H2034	001	Community Care	Community Care's Partnership Program (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Racine	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Racine	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Racine	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Racine	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Racine	H3794	010	UnitedHealthcare	UHC Dual Complete WI-YL (HMO-POS D-SNP)	SNP	$700.00	$6.30	$9,850.00
Racine	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Racine	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Racine	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Racine	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Racine	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Racine	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Racine	H5215	009	Network Health Medicare Advantage Plans	Network Health Go (PPO)	MA-PD	$340.00	$0.00	$5,000.00
Racine	H5215	010	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	MA-PD	$320.00	$0.00	$4,500.00
Racine	H5215	014	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	MA	Not Applicable	Not Applicable	$4,500.00
Racine	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Racine	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Racine	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Racine	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Racine	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Racine	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Racine	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Racine	H5253	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	MA-PD	$685.00	$57.00	$4,450.00
Racine	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Racine	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Racine	H5253	033	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	MA-PD	$685.00	$0.00	$5,400.00
Racine	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Racine	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Racine	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Racine	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$40.00	$5,000.00
Racine	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Racine	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Racine	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	MA-PD	$400.00	$0.00	$6,350.00
Racine	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	MA-PD	$500.00	$0.00	$5,500.00
Racine	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Racine	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Racine	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Racine	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Racine	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Racine	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Racine	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Racine	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Racine	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Racine	H9525	004	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$450.00	$0.00	$4,900.00
Racine	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Racine	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Racine	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Racine	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Richland	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Richland	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Richland	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Richland	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Richland	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Richland	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Richland	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Richland	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Richland	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Richland	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	MA-PD	$700.00	$167.00	$4,200.00
Richland	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Richland	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Richland	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Richland	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Richland	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Richland	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Richland	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Richland	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Richland	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Richland	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Rock	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Rock	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Rock	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Rock	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Rock	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Rock	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Rock	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Rock	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Rock	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Rock	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Rock	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Rock	H5216	006	Humana	HumanaChoice H5216-006 (PPO)	MA-PD	$700.00	$36.00	$6,300.00
Rock	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	MA-PD	$700.00	$167.00	$4,200.00
Rock	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Rock	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Rock	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Rock	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Rock	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Rock	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Rock	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Rock	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Rock	H5264	002	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Rock	H5264	005	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	$7,900.00
Rock	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Rock	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Rock	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Rock	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Rock	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Rock	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Rock	H9096	001	Dean Advantage	Dean Advantage Assurance (HMO-POS)	MA-PD	$350.00	$60.00	$5,000.00
Rock	H9096	002	Dean Advantage	Dean Advantage Balance (HMO-POS)	MA-PD	$315.00	$139.00	$4,200.00
Rock	H9096	004	Dean Advantage	Dean Advantage Essential (HMO)	MA-PD	$700.00	$0.00	$7,150.00
Rock	H9096	005	Dean Advantage	Dean Advantage Complete (HMO)	MA-PD	$105.00	$276.00	$2,750.00
Rock	H9096	010	Dean Advantage	Dean Advantage Harmony (HMO-POS)	MA	Not Applicable	Not Applicable	$5,000.00
Rock	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Rock	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Rock	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Rock	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Rusk	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Rusk	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Rusk	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Rusk	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Rusk	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Rusk	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Rusk	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Rusk	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Rusk	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Rusk	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Rusk	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Rusk	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Rusk	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Rusk	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Rusk	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Rusk	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Rusk	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Rusk	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Rusk	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Rusk	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Sauk	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Sauk	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Sauk	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Sauk	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Sauk	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Sauk	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Sauk	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Sauk	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Sauk	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Sauk	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Sauk	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Sauk	H5216	006	Humana	HumanaChoice H5216-006 (PPO)	MA-PD	$700.00	$36.00	$6,300.00
Sauk	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Sauk	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Sauk	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Sauk	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Sauk	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Sauk	H5264	002	Dean Health Plan, Inc.	DeanCare Gold Enhanced (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Sauk	H5264	005	Dean Health Plan, Inc.	DeanCare Gold Shared Value (Cost)	Cost	Not Applicable	Not Applicable	$7,900.00
Sauk	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Sauk	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Sauk	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Sauk	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Sauk	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Sauk	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Sauk	H9096	001	Dean Advantage	Dean Advantage Assurance (HMO-POS)	MA-PD	$350.00	$60.00	$5,000.00
Sauk	H9096	002	Dean Advantage	Dean Advantage Balance (HMO-POS)	MA-PD	$315.00	$139.00	$4,200.00
Sauk	H9096	004	Dean Advantage	Dean Advantage Essential (HMO)	MA-PD	$700.00	$0.00	$7,150.00
Sauk	H9096	005	Dean Advantage	Dean Advantage Complete (HMO)	MA-PD	$105.00	$276.00	$2,750.00
Sauk	H9096	010	Dean Advantage	Dean Advantage Harmony (HMO-POS)	MA	Not Applicable	Not Applicable	$5,000.00
Sauk	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Sauk	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Sauk	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Sauk	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrollees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Sawyer	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Sawyer	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Sawyer	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Sawyer	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Sawyer	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Sawyer	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Sawyer	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Sawyer	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Sawyer	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Sawyer	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Sawyer	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Sawyer	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Sawyer	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Sawyer	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Sawyer	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Sawyer	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Sawyer	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Sawyer	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Sawyer	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Sawyer	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Sawyer	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Sawyer	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Sawyer	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrollees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Shawano	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Shawano	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Shawano	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Shawano	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Shawano	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Shawano	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Shawano	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Shawano	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Shawano	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Shawano	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Shawano	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Shawano	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Shawano	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Shawano	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Shawano	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Shawano	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Shawano	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Shawano	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Shawano	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Shawano	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Shawano	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Shawano	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Shawano	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Shawano	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Shawano	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Shawano	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Shawano	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Shawano	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Shawano	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Shawano	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Shawano	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Shawano	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Shawano	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Shawano	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Shawano	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Shawano	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Shawano	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Shawano	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Shawano	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Shawano	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Shawano	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Shawano	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Shawano	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Shawano	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Shawano	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Shawano	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Shawano	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Shawano	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Shawano	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Shawano	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Sheboygan	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Sheboygan	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Sheboygan	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Sheboygan	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Sheboygan	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Sheboygan	H1206	002	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	MA-PD	$400.00	$0.00	$5,900.00
Sheboygan	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Sheboygan	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Sheboygan	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Sheboygan	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Sheboygan	H3794	010	UnitedHealthcare	UHC Dual Complete WI-YL (HMO-POS D-SNP)	SNP	$700.00	$6.30	$9,850.00
Sheboygan	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Sheboygan	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Sheboygan	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Sheboygan	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Sheboygan	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Sheboygan	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Sheboygan	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Sheboygan	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Sheboygan	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Sheboygan	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Sheboygan	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Sheboygan	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Sheboygan	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Sheboygan	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Sheboygan	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Sheboygan	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Sheboygan	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Sheboygan	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Sheboygan	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Sheboygan	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Sheboygan	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Sheboygan	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Sheboygan	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Sheboygan	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Sheboygan	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$40.00	$5,000.00
Sheboygan	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Sheboygan	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Sheboygan	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	MA-PD	$400.00	$0.00	$6,350.00
Sheboygan	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	MA-PD	$500.00	$0.00	$5,500.00
Sheboygan	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Sheboygan	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Sheboygan	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Sheboygan	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Sheboygan	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Sheboygan	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Sheboygan	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Sheboygan	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Sheboygan	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Sheboygan	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Sheboygan	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Sheboygan	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Sheboygan	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Sheboygan	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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St. Croix	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
St. Croix	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
St. Croix	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
St. Croix	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
St. Croix	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
St. Croix	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
St. Croix	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
St. Croix	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
St. Croix	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
St. Croix	H2462	026	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
St. Croix	H2462	027	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	$5,000.00
St. Croix	H2462	028	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	$4,000.00
St. Croix	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
St. Croix	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
St. Croix	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
St. Croix	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
St. Croix	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
St. Croix	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
St. Croix	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
St. Croix	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
St. Croix	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Taylor	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Taylor	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Taylor	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Taylor	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Taylor	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Taylor	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Taylor	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Taylor	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Taylor	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Taylor	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Taylor	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Taylor	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Taylor	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Taylor	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Taylor	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Taylor	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Taylor	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Taylor	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Taylor	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Taylor	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Taylor	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Taylor	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Taylor	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Taylor	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Taylor	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Taylor	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Taylor	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Trempealeau	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Trempealeau	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Trempealeau	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Trempealeau	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Trempealeau	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Trempealeau	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Trempealeau	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Trempealeau	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Trempealeau	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Trempealeau	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Trempealeau	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Trempealeau	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Trempealeau	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Trempealeau	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Trempealeau	H5262	001	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite D (w/Rx) (HMO)	MA-PD	$200.00	$202.00	$4,000.00
Trempealeau	H5262	003	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value D (w/Rx) (HMO)	MA-PD	$225.00	$97.00	$4,900.00
Trempealeau	H5262	004	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Value (HMO)	MA	Not Applicable	Not Applicable	$4,450.00
Trempealeau	H5262	005	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Elite (HMO)	MA	Not Applicable	Not Applicable	$4,000.00
Trempealeau	H5262	021	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Core D (w/Rx) (HMO)	MA-PD	$270.00	$42.00	$5,900.00
Trempealeau	H5262	032	Quartz Medicare Advantage (HMO)	Gundersen Quartz Med Advantage Basic D (w/Rx) (HMO)	MA-PD	$270.00	$0.00	$7,150.00
Trempealeau	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Trempealeau	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Trempealeau	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Trempealeau	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Trempealeau	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Trempealeau	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Trempealeau	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Trempealeau	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Trempealeau	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Trempealeau	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Trempealeau	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Trempealeau	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Vernon	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Vernon	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Vernon	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Vernon	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Vernon	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Vernon	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Vernon	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Vernon	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Vernon	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Vernon	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Vernon	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Vernon	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Vernon	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Vernon	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Vernon	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Vernon	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Vernon	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Vernon	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Vernon	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Vernon	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Vernon	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Vilas	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Vilas	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Vilas	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Vilas	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Vilas	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Vilas	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Vilas	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Vilas	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Vilas	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Vilas	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Vilas	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Vilas	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Vilas	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Vilas	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Vilas	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Vilas	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Vilas	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Vilas	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Vilas	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Vilas	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Vilas	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Vilas	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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Walworth	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Walworth	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Walworth	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Walworth	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Walworth	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Walworth	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Walworth	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Walworth	H3794	010	UnitedHealthcare	UHC Dual Complete WI-YL (HMO-POS D-SNP)	SNP	$700.00	$6.30	$9,850.00
Walworth	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Walworth	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Walworth	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Walworth	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Walworth	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Walworth	H5216	006	Humana	HumanaChoice H5216-006 (PPO)	MA-PD	$700.00	$36.00	$6,300.00
Walworth	H5216	168	Humana	HumanaChoice H5216-168 (PPO)	MA-PD	$700.00	$167.00	$4,200.00
Walworth	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Walworth	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Walworth	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Walworth	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Walworth	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Walworth	H5253	030	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0012 (HMO-POS)	MA-PD	$685.00	$59.00	$5,900.00
Walworth	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Walworth	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Walworth	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Walworth	H7617	007	Humana	HumanaChoice H7617-007 (PPO)	MA-PD	$700.00	$60.00	$9,250.00
Walworth	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Walworth	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Walworth	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Walworth	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Walworth	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Walworth	H9525	004	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$450.00	$0.00	$4,900.00
Walworth	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Walworth	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Walworth	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Walworth	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrollees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Washburn	H0294	014	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01 (PPO)	MA	Not Applicable	Not Applicable	$7,150.00
Washburn	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Washburn	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Washburn	H2450	007	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	$700.00	$91.00	$7,150.00
Washburn	H2450	030	Medica	Medica Prime Solution Thrift (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Washburn	H2450	038	Medica	Medica Prime Solution Focus (Cost)	Cost	Not Applicable	Not Applicable	$4,450.00
Washburn	H2450	039	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	$600.00	$336.80	$4,450.00
Washburn	H2450	050	Medica	Medica Prime Solution Standard (Cost)	Cost	Not Applicable	Not Applicable	$7,150.00
Washburn	H2450	051	Medica	Medica Prime Solution Core (Cost)	Cost	Not Applicable	Not Applicable	$5,900.00
Washburn	H2462	026	HealthPartners	HealthPartners Freedom Basic WI (Cost)	Cost	Not Applicable	Not Applicable	Not Applicable
Washburn	H2462	027	HealthPartners	HealthPartners Freedom Vital WI (Cost)	Cost	Not Applicable	Not Applicable	$5,000.00
Washburn	H2462	028	HealthPartners	HealthPartners Freedom Balance WI (Cost)	Cost	Not Applicable	Not Applicable	$4,000.00
Washburn	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Washburn	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Washburn	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Washburn	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Washburn	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Washburn	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Washburn	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Washburn	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Washburn	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Washburn	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Washburn	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Washburn	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Washburn	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Washburn	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrollees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Washington	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Washington	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Washington	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Washington	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Washington	H1206	002	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	MA-PD	$400.00	$0.00	$5,900.00
Washington	H2034	001	Community Care	Community Care's Partnership Program (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Washington	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Washington	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Washington	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Washington	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Washington	H3794	010	UnitedHealthcare	UHC Dual Complete WI-YL (HMO-POS D-SNP)	SNP	$700.00	$6.30	$9,850.00
Washington	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Washington	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Washington	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Washington	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Washington	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Washington	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Washington	H5215	009	Network Health Medicare Advantage Plans	Network Health Go (PPO)	MA-PD	$340.00	$0.00	$5,000.00
Washington	H5215	010	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	MA-PD	$320.00	$0.00	$4,500.00
Washington	H5215	014	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	MA	Not Applicable	Not Applicable	$4,500.00
Washington	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Washington	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Washington	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Washington	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Washington	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Washington	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Washington	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Washington	H5253	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	MA-PD	$685.00	$57.00	$4,450.00
Washington	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Washington	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Washington	H5253	033	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	MA-PD	$685.00	$0.00	$5,400.00
Washington	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Washington	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Washington	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Washington	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$40.00	$5,000.00
Washington	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Washington	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Washington	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	MA-PD	$400.00	$0.00	$6,350.00
Washington	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	MA-PD	$500.00	$0.00	$5,500.00
Washington	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Washington	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Washington	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Washington	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Washington	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Washington	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Washington	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Washington	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Washington	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Washington	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Washington	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Washington	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Washington	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Washington	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Waukesha	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Waukesha	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Waukesha	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Waukesha	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Waukesha	H1206	002	Aetna Medicare	Aetna Medicare Signature (HMO-POS)	MA-PD	$400.00	$0.00	$5,900.00
Waukesha	H2034	001	Community Care	Community Care's Partnership Program (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Waukesha	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Waukesha	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Waukesha	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Waukesha	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Waukesha	H3794	010	UnitedHealthcare	UHC Dual Complete WI-YL (HMO-POS D-SNP)	SNP	$700.00	$6.30	$9,850.00
Waukesha	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Waukesha	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Waukesha	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Waukesha	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Waukesha	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Waukesha	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Waukesha	H5215	009	Network Health Medicare Advantage Plans	Network Health Go (PPO)	MA-PD	$340.00	$0.00	$5,000.00
Waukesha	H5215	010	Network Health Medicare Advantage Plans	Network Health Anywhere (PPO)	MA-PD	$320.00	$0.00	$4,500.00
Waukesha	H5215	014	Network Health Medicare Advantage Plans	Network Health Bravo (PPO)	MA	Not Applicable	Not Applicable	$4,500.00
Waukesha	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Waukesha	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Waukesha	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Waukesha	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00

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Waukesha	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Waukesha	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Waukesha	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Waukesha	H5253	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0010 (HMO-POS)	MA-PD	$685.00	$57.00	$4,450.00
Waukesha	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Waukesha	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Waukesha	H5253	033	UnitedHealthcare	AARP Medicare Advantage Essentials from UHC WI-13 (HMO-POS)	MA-PD	$685.00	$0.00	$5,400.00
Waukesha	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Waukesha	H5253	199	UnitedHealthcare	AARP Medicare Advantage Extras from UHC WI-19 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Waukesha	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Waukesha	H5521	150	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$40.00	$5,000.00
Waukesha	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Waukesha	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Waukesha	H5521	400	Aetna Medicare	Aetna Medicare Value Care (PPO)	MA-PD	$400.00	$0.00	$6,350.00
Waukesha	H5521	403	Aetna Medicare	Aetna Medicare Signature Extra (PPO)	MA-PD	$500.00	$0.00	$5,500.00
Waukesha	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Waukesha	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Waukesha	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Waukesha	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Waukesha	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Waukesha	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Waukesha	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Waukesha	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Waukesha	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Waukesha	H9525	004	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$450.00	$0.00	$4,900.00
Waukesha	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Waukesha	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Waukesha	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Waukesha	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Waupaca	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Waupaca	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Waupaca	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Waupaca	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Waupaca	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Waupaca	H2034	001	Community Care	Community Care's Partnership Program (HMO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Waupaca	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Waupaca	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Waupaca	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Waupaca	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Waupaca	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Waupaca	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Waupaca	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Waupaca	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Waupaca	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Waupaca	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Waupaca	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Waupaca	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Waupaca	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Waupaca	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Waupaca	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Waupaca	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Waupaca	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Waupaca	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Waupaca	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Waupaca	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Waupaca	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Waupaca	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Waupaca	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Waupaca	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Waupaca	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Waupaca	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Waupaca	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Waupaca	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Waupaca	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Waupaca	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Waupaca	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Waupaca	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Waupaca	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Waupaca	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Waupaca	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Waupaca	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Waupaca	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Waupaca	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Waupaca	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Waupaca	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Waupaca	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Waupaca	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Waupaca	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Waupaca	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Waupaca	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Waupaca	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Waushara	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Waushara	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Waushara	H2237	007	iCare	iCare Family Care Partnership (HMO D-SNP)	SNP	$0.00	$0.00	$9,250.00
Waushara	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Waushara	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Waushara	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Waushara	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Waushara	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Waushara	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Waushara	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Waushara	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Waushara	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Waushara	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Waushara	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Waushara	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Waushara	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Waushara	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Waushara	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Waushara	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Waushara	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Waushara	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Waushara	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Waushara	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Waushara	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Waushara	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Waushara	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Waushara	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Waushara	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Waushara	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Waushara	H5521	289	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,900.00
Waushara	H5521	388	Aetna Medicare	Aetna Medicare Enhanced (PPO)	MA-PD	$700.00	$37.00	$5,500.00
Waushara	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Waushara	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Waushara	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Waushara	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Waushara	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Waushara	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Waushara	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Waushara	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Waushara	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Waushara	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Waushara	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Waushara	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Waushara	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

Wisconsin County Plan Landscape

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** Monthly Part C & D Premium includes the consolidated Monthly Premium, this may not reflect the actual premium for enrollees, contact plans directly for more information. ** 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 Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Winnebago	H0294	002	UnitedHealthcare	UHC Complete Care WI-1 (PPO C-SNP)	SNP	$685.00	$0.00	$7,150.00
Winnebago	H0294	004	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0002 (PPO)	MA-PD	$685.00	$99.00	$7,150.00
Winnebago	H0294	015	UnitedHealthcare	AARP Medicare Advantage from UHC WI-6 (PPO)	MA-PD	$685.00	$56.00	$7,150.00
Winnebago	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Winnebago	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Winnebago	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Winnebago	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Winnebago	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Winnebago	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Winnebago	H4036	008	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage 3 (PPO)	MA-PD	$595.00	$84.00	$7,150.00
Winnebago	H4036	024	Anthem Blue Cross and Blue Shield	Anthem Veteran (PPO)	MA	Not Applicable	Not Applicable	$6,751.00
Winnebago	H5209	005	Molina Healthcare of Wisconsin	Molina My Choice Partnership (HMO D-SNP)	SNP	$325.00	$0.00	$9,850.00
Winnebago	H5209	006	Molina Healthcare of Wisconsin	Molina My Choice Dual Advantage (HMO D-SNP)	SNP	$605.00	$0.00	$9,850.00
Winnebago	H5215	002	Network Health Medicare Advantage Plans	Network Health PlusRx (PPO)	MA-PD	$340.00	$105.00	$3,400.00
Winnebago	H5215	005	Network Health Medicare Advantage Plans	Network Health PremierRx (PPO)	MA-PD	$340.00	$257.00	$3,400.00
Winnebago	H5215	007	Network Health Medicare Advantage Plans	Network Health Cares (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Winnebago	H5215	008	Network Health Medicare Advantage Plans	Network Health Select (PPO)	MA-PD	$330.00	$0.00	$4,450.00
Winnebago	H5215	011	Network Health Medicare Advantage Plans	Network Health Choice (PPO)	MA-PD	$300.00	$0.00	$5,100.00
Winnebago	H5215	013	Network Health Medicare Advantage Plans	Network Health Armor (PPO)	MA	Not Applicable	Not Applicable	$4,900.00
Winnebago	H5216	001	Humana	HumanaChoice H5216-001 (PPO)	MA-PD	$700.00	$94.00	$4,200.00
Winnebago	H5216	173	Humana	Humana Value Plus H5216-173 (PPO)	MA-PD	$700.00	$6.30	$9,850.00
Winnebago	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Winnebago	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Winnebago	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Winnebago	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Winnebago	H5216	420	Humana	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	SNP	$600.00	$0.00	$9,850.00
Winnebago	H5253	007	UnitedHealthcare	UHC Nursing Home Plan WI-F001 (HMO-POS I-SNP)	SNP	$700.00	$0.00	$9,850.00
Winnebago	H5253	011	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0011 (HMO-POS)	MA-PD	$685.00	$69.00	$4,450.00
Winnebago	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Winnebago	H5253	034	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0014 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Winnebago	H5253	064	UnitedHealthcare	UHC Care Advantage WI-E001 (HMO-POS I-SNP)	SNP	$270.00	$6.30	$4,000.00
Winnebago	H5253	202	UnitedHealthcare	UHC Complete Care WI-20 (HMO-POS C-SNP)	SNP	$595.00	$0.00	$5,900.00
Winnebago	H5521	195	Aetna Medicare	Aetna Medicare Signature (PPO)	MA-PD	$700.00	$0.00	$5,500.00
Winnebago	H5521	286	Aetna Medicare	Aetna Medicare Eagle (PPO)	MA	Not Applicable	Not Applicable	$5,200.00
Winnebago	H6309	001	HealthPartners	HealthPartners Birch (PPO)	MA-PD	$700.00	$0.00	$6,750.00
Winnebago	H6309	002	HealthPartners	HealthPartners Cedar (PPO)	MA-PD	$700.00	$0.00	$9,850.00
Winnebago	H6622	001	Humana	Humana Total Complete (HMO)	MA-PD	$500.00	$0.00	$4,200.00
Winnebago	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Winnebago	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Winnebago	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Winnebago	H7617	121	Humana	HumanaChoice - Diabetes and Heart (PPO C-SNP)	SNP	$500.00	$0.00	$4,400.00
Winnebago	H8145	006	Humana	Humana Gold Choice H8145-006 (PFFS)	MA-PD	$700.00	$60.00	$7,800.00
Winnebago	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Winnebago	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00
Winnebago	H8189	008	Wellcare	Wellcare Simple (HMO-POS)	MA-PD	$700.00	$0.00	$5,800.00
Winnebago	H9525	006	Anthem Blue Cross and Blue Shield	Anthem Medicare Advantage (HMO-POS)	MA-PD	$240.00	$38.00	$4,300.00
Winnebago	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Winnebago	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Winnebago	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Winnebago	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00

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County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Wood	H0294	027	UnitedHealthcare	UHC Dual Advantage WI-V2 (PPO D-SNP)	SNP	$700.00	$6.30	$9,850.00
Wood	H1181	001	Network Health Medicare Advantage Plans	Network Health Prime (MSA)	MA	Not Applicable	Not Applicable	Not Applicable
Wood	H3642	001	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Wood	H3794	002	UnitedHealthcare	UHC Dual Complete WI-Q1 (HMO-POS D-SNP)	SNP	$75.00	$0.00	$9,850.00
Wood	H3794	004	UnitedHealthcare	UHC Dual Advantage WI-V1 (HMO-POS D-SNP)	SNP	$145.00	$0.00	$5,400.00
Wood	H3794	011	UnitedHealthcare	UHC Dual Complete WI-S1 (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Wood	H5211	003	Security Health Plan of Wisconsin, Inc.	Compass (HMO)	MA	Not Applicable	Not Applicable	$5,000.00
Wood	H5211	004	Security Health Plan of Wisconsin, Inc.	Legacy Rx (HMO-POS)	MA-PD	$0.00	$300.00	$3,000.00
Wood	H5211	012	Security Health Plan of Wisconsin, Inc.	Esteem Rx (HMO)	MA-PD	$550.00	$20.00	$7,150.00
Wood	H5211	014	Security Health Plan of Wisconsin, Inc.	Esteem Rx Silver (HMO-POS)	MA-PD	$450.00	$65.00	$6,500.00
Wood	H5211	015	Security Health Plan of Wisconsin, Inc.	Esteem Rx Gold (HMO-POS)	MA-PD	$300.00	$125.00	$5,000.00
Wood	H5216	252	Humana	HumanaChoice Giveback H5216-252 (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Wood	H5216	253	Humana	Humana Value Choice (PPO)	MA-PD	$700.00	$0.00	$4,450.00
Wood	H5216	355	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Wood	H5216	410	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,400.00
Wood	H5253	021	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02 (HMO-POS)	MA	Not Applicable	Not Applicable	$7,150.00
Wood	H5253	072	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015 (HMO-POS)	MA-PD	$685.00	$0.00	$7,150.00
Wood	H7598	003	Group Health Cooperative of Eau Claire	Cooperative Advantage (HMO D-SNP)	SNP	$700.00	$0.00	$9,850.00
Wood	H7598	004	Group Health Cooperative of Eau Claire	Cooperative Medicare Advantage (HMO)	MA-PD	$275.00	$0.00	$6,700.00
Wood	H7617	011	Humana	Humana Essentials Plus Giveback (PPO)	MA-PD	$700.00	$0.00	$5,250.00
Wood	H7617	020	Humana	Humana Full Access (PPO)	MA-PD	$700.00	$0.00	$6,100.00
Wood	H7617	022	Humana	Humana USAA Honor Giveback (PPO)	MA	Not Applicable	Not Applicable	$6,000.00
Wood	H8189	001	Wellcare	Wellcare MHS Health Wisconsin Dual Liberty Sync (HMO-POS D-SNP)	SNP	$700.00	$0.00	$9,850.00
Wood	H8189	007	Wellcare	Wellcare MHS Health Wisconsin Dual Select (HMO-POS D-SNP)	SNP	$700.00	$0.00	$5,100.00

County	Contract ID	Plan ID	Organization Name	Plan Name	Type of Plan	Annual Drug Deductible	Monthly Premium (C&D)*	In-network MOOP Amount **
Wood	H9525	027	Anthem Blue Cross and Blue Shield	Anthem Full Dual Advantage (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Wood	H9525	028	Anthem Blue Cross and Blue Shield	Anthem Dual Advantage Plus (HMO D-SNP)	SNP	$105.00	$0.00	$9,850.00
Wood	R5361	001	Humana	Humana USAA Honor Giveback (Regional PPO)	MA	Not Applicable	Not Applicable	$6,750.00
Wood	R5361	002	Humana	HumanaChoice R5361-002 (Regional PPO)	MA-PD	$700.00	$87.00	$7,700.00