

Medicare Advantage options for Lancaster County

2018 plans	Monthly premium	In-network out-of-pocket maximum	2017 plans	Monthly premium	In-network out-of-pocket maximum
AARP MedicareComplete Choice Plan 1 (PPO)	\$24	\$6,700	AARP MedicareComplete Choice Plan 1 (PPO)	\$36	\$6,700
AARP MedicareComplete Choice Plan 2 (PPO)	\$64	\$4,900	AARP MedicareComplete Choice Plan 2 (PPO)	\$66	\$4,900
Advantra Basic Medical (HMO)	\$0	\$6,700	Advantra Basic Medical (HMO)	\$0	\$6,700
Advantra Gold (PPO)	\$136	\$6,700	Advantra Gold (PPO)	\$125	\$6,700
Advantra Silver (PPO)	\$0	\$6,700	Advantra Silver (PPO)	\$0	\$6,700
Advantra Silver Plus (HMO)	\$36	\$6,700	Advantra Silver Plus (HMO)	\$61	\$6,700
Advantra Silver Plus (PPO)	\$86	\$6,700	Advantra Silver Plus (PPO)	\$84	\$6,700
AdvantraOne (PPO)	\$19	\$6,700	AdvantraOne (PPO)	\$23	\$6,700
Aetna Medicare Gold Plan (PPO)	\$156	\$4,500	Aetna Medicare Gold Plan (PPO)	\$159	\$4,500
Aetna Medicare Premier Plan (PPO)	\$126	\$6,700	Aetna Medicare Premier Plan (PPO)	\$119	\$6,700
* Aetna Medicare Silver Plan (HMO)	\$56	\$6,700	Aetna Medicare Standard Plan (HMO)	\$49	\$6,700
BlueJourney Classic (PPO)	\$62	\$6,700	BlueJourney Classic (PPO)	\$55	\$6,700
BlueJourney Prime (PPO)	\$169	\$3,400	BlueJourney Prime (PPO)	\$175	\$6,700
* BlueJourney Essential (HMO)	\$0	\$6,700			
* BlueJourney Premier (HMO)	\$148	\$3,400			
* BlueJourney Value (HMO)	\$48	\$3,400			
* Cigna-HealthSpring Advantage (HMO)	\$0	\$6,700			
* Cigna-HealthSpring Preferred (HMO)	\$23	\$6,700			
* Cigna-HealthSpring Preferred Plus (HMO)	\$139	\$6,700			
* Cigna-HealthSpring PreventiveCare (HMO)	\$0	\$6,700			
Community Blue Medicare HMO Signature (HMO)	\$0	\$6,700	Community Blue Medicare HMO Signature (HMO)	\$16	\$6,700
* Community Blue Medicare PPO Signature (PPO)	\$23	\$6,700			
Freedom Blue PPO Basic (PPO)	\$93	\$6,700	Freedom Blue PPO Basic (PPO)	\$93	\$6,700
Freedom Blue PPO Deluxe (PPO)	\$292	\$6,700	Freedom Blue PPO Deluxe (PPO)	\$294	\$6,700
Freedom Blue PPO Standard (PPO)	\$189	\$6,700	Freedom Blue PPO Standard (PPO)	\$191	\$6,700
Freedom Blue PPO ValueRx (PPO)	\$73	\$6,700	Freedom Blue PPO ValueRx (PPO)	\$75	\$6,700
Geisinger Gold Classic Advantage (HMO)	\$40	\$3,400	Geisinger Gold Classic Advantage (HMO)	\$70	\$3,400
Geisinger Gold Classic Advantage Rx (HMO)	\$154	\$3,400	Geisinger Gold Classic Advantage Rx (HMO)	\$122	\$3,400
Geisinger Gold Classic Complete Rx (HMO)	\$38	\$4,900	Geisinger Gold Classic Complete Rx (HMO)	\$0	\$5,900
Geisinger Gold Preferred Advantage Rx (PPO)	\$77	\$5,900	Geisinger Gold Preferred Advantage Rx (PPO)	\$75	\$5,900
Geisinger Gold Preferred Complete Rx (PPO)	\$0	\$6,700	Geisinger Gold Preferred Complete Rx (PPO)	\$0	\$6,700
* Geisinger Gold Essential Rx (HMO)	\$0	\$6,700			
Health Partners Medicare Prime (HMO)	\$37	\$6,700	Health Partners Medicare Prime (HMO)	\$39	\$6,700
Health Partners Medicare Value (HMO)	\$0	\$6,700	Health Partners Medicare Value (HMO)	\$0	\$6,700
Humana Gold Choice H8145-052 (PFFS)	\$63	N/A	Humana Gold Choice H8145-052 (PFFS)	\$60	N/A
Humana Gold Choice H8145-055 (PFFS)	\$29	N/A	Humana Gold Choice H8145-055 (PFFS)	\$24	N/A
* Humana Gold Plus H6622-035 (HMO)	\$0	\$6,700	Humana Gold Plus H6859-001 (HMO)	\$0	\$6,700
* Humana Gold Plus H6622-043 (HMO)	\$0	\$6,700	HumanaChoice H5525-006 (PPO)	\$37	\$6,700
* HumanaChoice H5216-116 (PPO)	\$0	\$4,500	HumanaChoice R5826-002 (Regional PPO)	\$97	\$6,700
* HumanaChoice H5216-120 (PPO)	\$117	\$6,700	HumanaChoice R5826-062 (Regional PPO)	\$0	\$4,500
* HumanaChoice H5525-006 (PPO)	\$37	\$6,700			
* HumanaChoice R0923-001 (Regional PPO)	\$0	\$4,500			
* HumanaChoice R0923-002 (Regional PPO)	\$95	\$6,700			
UPMC for Life HMO Deductible with Rx (HMO)	\$20	\$4,000	UPMC for Life HMO Deductible with Rx (HMO)	\$16	\$4,000
UPMC for Life HMO Rx (HMO)	\$81	\$3,400	UPMC for Life HMO Rx (HMO)	\$95	\$3,400
* UPMC for Life PPO Rx Enhanced (PPO)	\$35	\$6,700	UPMC for Life HMO (HMO)	\$0	\$3,400
Vibra Health Plan Enhanced Coverage (PPO)	\$55	\$4,800	Vibra Health Plan Enhanced Coverage (PPO)	\$50	\$4,800
Vibra Health Plan Essential Coverage (PPO)	\$0	\$5,900	Vibra Health Plan Essential Coverage (PPO)	\$0	\$6,700

Source: Centers for Medicare & Medicaid Services. Legend: * new for 2018