



Services Center
 1752 Dorset Lane | New Richmond WI 54017
 Telephone: 800-372-2333 | Fax: 715-381-4308
 www.sccwi.gov



2022 Medicare Health/Advantage Plans - St. Croix County

Please note - all plans listed here have a network of providers, co-payments and coinsurance, please check with the plan for more info.
 Generally speaking, the lower the premium, the higher the copayments, coinsurance, and deductibles.

Organization Name	Plan Name	Telephone #	Type of Medicare Health Plan	Monthly Premium Part C & D (where it applies) MAX Out Of Pocket OOP	Annual Drug Deductible
AARP	AARP Choice H0294-023	1-800-555-5757	PPO	\$0.00 \$6,700/\$6,700	\$295
	AARP Patriot Plan 1 H0294-014	1-800-555-5757	PPO	\$0.00 \$6,700/\$6,700	No Rx (SeniorCare & VA or other creditable coverage only)
Humana Insurance Company	Humana Honor H5216-258	1-800-833-2364	PPO - Select Counties	\$0.00 \$5,900/\$10,000	No Rx (SeniorCare & VA or other creditable coverage only)
	HumanaChoice R5361-001	1-800-833-2364	Regional PPO Statewide	\$0.00 \$6,700/\$10,000	No Rx (SeniorCare & VA or other creditable coverage only)
	HumanaChoice R5361-002	1-800-833-2364	Regional PPO Statewide	\$120 \$6,700/\$10,000	\$480
	HumanaChoice H5216-167	1-800-833-2364	PPO – Select Counties	\$78 \$4,000/\$6,000	\$350
	HumanaChoice H5216-063	1-800-833-2364	PPO – Select Counties	\$98 \$3,200/\$4,500	\$250

2022 Medicare Cost Plans - St. Croix County

Organization Name	Plan Name	Telephone #	Monthly Premium Part C & D (where it applies), Max OOP	Annual Drug Deductible
HealthPartners	HP WI Freedom Basic H2462-026-0	1-800-247-7015	\$33.60 no Max	No Rx (Can do Stand Alone)
	HP WI Freedom Vital H2462-027-0	1-800-247-7015	\$39.70 \$3,400	No Rx (Can do Stand Alone)
	HP WI Freedom Balance H2462-028-0	1-800-247-7015	\$82.60 \$3,400	No Rx (Can do Stand Alone)
	WI Rider Available for \$42/month, to include extra chiropractic coverage, additional home health care, and 30 days Skilled Nursing with no prior hospital stay			

Medica Insurance Company	Medica Standard H2450-050	1-800-906-5432	\$0 \$4,500	No Rx (Can do Stand Alone)
	Medica Thrift H2450-030 (or 007)	1-800-906-5432	\$34.00/\$44.40 = \$78.40 \$6,700	\$480 (Can do Stand Alone)
	Medica Focus H2450-038 (or 9)-0	1-800-906-5432	\$79.00/\$52.90 = \$131.90 \$4,000	\$480 (Can do Stand Alone)
	Medica Total H24500040 (or 1)-0	1-800-906-5432	\$185/\$64.80 = \$249.80 \$3,000	\$480 (Can do Stand Alone)
	WI Rider Available for \$34/mo. to include certain coinsurance, 30 days coverage for Skilled Nursing with no prior hospital stay, and extra Home Health Care			

2022 Medical Savings Account (MSA) Plans - St. Croix County

Organization Name	Plan Name	Telephone #	Monthly Premium	Health Plan Deductible	Medicare Deposit	Your Potential Responsibility	Rx Plan
Security Health Plan	Secure Saver H4388-001-0	1-877-998-0998	\$0.00	\$5,600	\$1,920	\$3,680	No
Network Health	Network Prime H1181-001-0	1-800-983-7587	\$0.00	\$5,400	\$1,500	\$3,900	No

Medicare Medical Savings Account (MSA) Plans

What's a Medicare MSA Plan?

Medicare works with private insurance companies to offer you ways to get your health care coverage. These companies can choose to offer a consumer-directed Medicare Advantage Plan, called a Medicare MSA Plan. These plans are similar to Health Savings Account Plans available outside of Medicare. You can choose your health care services and providers, **although some clinics and hospitals do not take certain MSA plans – you need to verify.**

Medicare MSA Plans have 2 parts

Medicare MSA Plans combine a high-deductible insurance plan with a medical savings account that you can use to pay for your health care costs.

1. High-deductible health plan: The first part is a special type of high-deductible Medicare Advantage Plan (Part C) . The plan will only begin to cover your costs once you meet a high yearly deductible , which varies by plan.
2. Medical Savings Account (MSA): The second part is a special type of savings account. The Medicare MSA Plan deposits money into your account. You can use money from this savings account to pay your health care costs before you meet the deductible.

What's covered?

Medicare MSA plans cover the Medicare services that all Medicare Advantage Plans must cover. In addition, some Medicare MSA plans may cover extra benefits for an extra cost, like dental, vision, hearing, long term care not covered by Medicare. Contact plans in your area for more information on what extra benefits they cover, if any.

Medicare MSA Plans don't cover Medicare Part D prescription drugs

If you join a Medicare MSA Plan and need drug coverage, you'll have to join a Medicare Prescription Drug Plan. To find available plans in your area, you can:

- Visit the Medicare Plan Finder for a detailed review which can include your prescriptions at www.medicare.gov.
- Look at the enclosed sheet provided.
- Call 1-800-MEDICARE (1-800-633-4227).
- Look at the back of your "Medicare & You" handbook.

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MSA plans don't charge a premium, but you must continue to pay your Part B premium.

Disclaimer: The information is put together by State Health Insurance Program (SHIP) Counselors. We are not licensed insurance agents, nor do we work for insurance companies. Please consult with the Insurance Plan agent to verify details.



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2022 United Health Care AARP Medicare Advantage Plans

Non-Members: 1-800-555-5757

Plan Name:	Choice Plan (PPO) H0294-023-0	Patriot Plan 1 (PPO) H0294-014-0
Premium	\$0 (Health and Drug Coverage)	\$0 (NO DRUG COVERAGE, SeniorCare and VA only)
Deductible	\$0	\$0
Out of Pocket Maximum OON = Out of Network Does not include meds	\$6,700 In Network \$6,700 OON	\$6,700 In Network \$6,700 OON
Doctor Visits	\$15 (\$15-45 OON)	\$0
Specialist Visit	\$45 (plan approval required)	\$45
Test & Procedures	\$20	\$25 (\$0-100 OON)
Lab Services	\$0	\$0
Radiology Services	\$0-140 (\$0-140 or 40% coinsurance)	\$0-100
Outpatient X-Rays	\$15	\$15
Emergency Care	\$90	\$90
Urgent Care	\$40	\$40
Inpatient Hospital	\$450/day 1-4 \$0/day 5-90+	\$335/day 1-5 \$0/day 6-90+
Outpatient Hospital	\$0-450/visit	\$0-250/visit
Skilled Nursing Facility	\$0/day 1-20, \$188/day 21-56 \$0/day 57-100 OON = \$150/day 1-16 \$250/day 17-34 \$0/day 35-100	\$0/day 1-20, \$188/day 21-56 \$0/day 57-100 OON = same as above
Preventative	\$0	\$0
Ground Ambulance	\$275	\$250
Occupational Therapy	\$40	\$0
PT, Speech, Lan	\$40	\$0
Part D Drug Coverage	Deductible - \$295	
Copayments at	Tier 1=\$0; Tier 2=\$0; Tier 3=\$131	NO PART D COVERAGE
Preferred Pharmacy	Tier 4=\$290	Must have VA or SeniorCare
Part B drugs/Chemo	20% (OON = 0-40%)	20%
Vision, Dental, Hearing	Contact the Plan for Details	Contact the Plan for Details



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2022 HealthPartners - Cost H2462

Non Members: 1-800-247-7015

Plan Name:	HealthPartners Freedom Basic	HealthPartners Freedom Vital	HealthPartners Freedom Balance
Counties:	Barron, Burnett, Douglas, Dunn, Pierce St. Croix and Washburn		
Premium:	\$33.60	\$39.70	\$82.60 Optional Rider = \$42, includes chiropractor \$0, additional home health care, & \$0 for 30 days skilled nursing with no prior hospital stay
Out of Pocket Maximum	None	\$3,400	\$3,400
Doctor Visits	20%	\$15	\$15
Specialist Visit	20%	\$40	\$15
Outpatient Mental Health Therapy	20% for Grp and Ind	\$20 Grp/\$40 Ind	\$7.50 Grp/\$15 Ind
Outpatient Services/Surgery	20%	\$150/visit	\$100/visit
Inpatient Hospital Copay	\$600 per Stay	\$400 per Stay	\$200 per Stay
Skilled NH facility	Days 1-100, \$0	Days 1-100, \$0	Days 1-100, \$0
Ambulance - Ground	20%	\$200	\$100
Emergency Care	\$100 per visit	\$100 per visit	\$65 per visit
Urgent Care	20%	\$40	\$15
Durable Medical Equipment	20%	20%	20%
Chemotherapy	20%	20%	20%
Diabetic testing supplies	20%	20%	20%
Diagnostic Tests and Lab services	\$0 Lab 20% Radiology Services (MRI) 20% X Rays	\$0 Lab 20% Radiology Services (MRI) 10% X Rays	\$0 Lab \$200 Radiology Services (MRI) \$0 X Rays
Preventative	\$0	\$0	\$0
Rehab. Services (Occupational, Physical, Speech, Language)	20% per visit	\$40 per visit	\$15 per visit
Hearing, Vision and Dental Services	No Vision Hearing Exam – diagnostic only - 20% No Dental	\$0 Routine Vision Exam \$40 Hearing Exam, Potential Hearing Aid copay from \$699-999 Dental \$43.10/mo, \$50 deductible, Max Benefit = \$1,100	\$0 Routine Vision Exam \$15 Hearing Exam, Potential Hearing Aid copay from \$699-999 Dental \$43.10/mo, \$50 deductible, Max Benefit = \$1,100
Drug Coverage	20% Part B Drugs No Part D	20% Part B Drugs No Part D	20% Part B Drugs No Part D
----- Must do Stand Alone Plan, Senior Care or VA -----			
Acupuncture	None	\$35-40/visit	\$15/visit
Fitness Benefit	None	Included	Included



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2022 Humana Choice - Regional PPO

Non Members: 1-800-833-2364

Plan Name:	Humana Honor PPO - NO RX H5216-258	HumanaChoice PPO – NO RX R5361-001	HumanaChoice PPO w/RX R5361-002
Counties	In select counties	Statewide	Statewide
Premium	\$0 + \$30/mo rebate	\$0	\$76.30/\$43.70 = \$120
Deductible	\$0	\$0	\$198 annual
Out of Pocket Maximum OON = Out of Network Does not include meds	\$5,900 (\$10,000 OON)	\$6700 (\$10,000 OON)	\$6,700 (\$10,000 OON)
Doctor Visits	\$15 (50% OON)	\$15 (50% OON)	20%
Specialist Visit	\$45 (50% OON)	\$45 (50% OON)	20%
Outpatient Mental Health Therapy & Rehab.	\$40-95/visit (50% OON)	\$20-40/visit (50% OON)	20%/visit
Outpatient Services/Surgery	\$45-250 per visit (50% OON)	\$45-\$250 per visit (50% OON)	20%
Inpatient Hospital Copay	Days 1-6 \$295/day 7-90+ \$0/day (50% OON)	Days 1-6 \$295/day 7-90+ \$0/day (50% OON)	Days 1-4 \$450/day 5-90+ \$0/day (20% OON)
Skilled NH facility	Days 1-20 \$0/day 21-100 \$188/day (50% OON)	Days 1-20 \$0/day 21-100 \$184/day (50% OON per stay)	Days 1-20 \$0 per day 21-100: \$184 per day
Ambulance	\$290 ground 20% air	\$290 ground or 20% air	20%
Emergency Care	\$90/visit	\$90/visit	\$90/visit
Urgent Care	\$15-45 or 50%	\$15-45 or 50%	20%
Durable Medical Equipment	20% per item (20-50% OON)	10-20% per item (14-50% OON)	15-20% (20% OON)
Chemotherapy	20% (50% OON)	18% (50% OON)	20%
Diabetic testing supplies	\$0 or 10-20% (50% OON)	\$0 or 10% - 20% (50% OON)	0-20% (20% OON)
Diagnostic Tests and Lab services	Diagnostic \$0-95 Labs \$0-40 MRI \$15-95 X-rays \$15-95 (50% OON)	Diagnostic \$0-100 Labs \$0-40 MRI \$15-250 X-rays \$15-100 (50% OON)	Diagnostic 20% Labs 20% MRI 20% X-rays 0-20%
Preventative	\$0 (50% OON)	\$0 (50% OON)	\$0
Hearing, Vision, and Dental, Wellness	Vision Exam \$0 1x/yr up to \$75 max coverage Up to \$100 max benefit for glasses/contacts Hearing \$45 Exam 1x/yr \$699-999 hearing aids Dental option to purchase Fitness plan	Vision Exam \$0 1x/yr up to \$75 max coverage Up to \$100 max benefit for glasses/contacts Hearing \$45 exam only Dental see agent Fitness plan	Vision – no extra coverage included, option to buy Hearing 20% Exam, up to \$150 toward hearing aids Dental options to purchase, Fitness plan

Drug Coverage:	NO Part D Must have VA or SeniorCare 20% Part B 50% OON	NO Part D Must have VA or SeniorCare 18% Part B 50% OON	Part D: Deductible \$480 Copayments at Preferred Pharmacy Tier 1 = \$8, 2=\$12, 3=\$47, 4=\$100, 5=25% Part B 20%
Optional:	Dental: \$77.10/mo	See agent	Dental: \$59 or \$71.30

10/13/2021

2022 Humana Choice PPO Plans w/Rx

Non Members: 1-800-833-2364

Plan Name:	HumanaChoice PPO H5216-167	HumanaChoice PPO H5216-063
Counties	Select Counties in WI	Select Counties in WI
Premium	\$78 (\$52.90/\$25.10)	\$98 (\$66.10/\$31.90)
Deductible	\$0	\$0
Out-of Pocket Maximum - does not include meds	\$4000 (\$6,000 OON)	\$3200 (\$4,500 Out of Network -OON)
Doctor Visits	\$0 (20% OON)	\$0 (20% OON)
Specialist Visit	\$35 (20% OON)	\$25 (20% OON)
Outpatient Mental Health Therapy and Rehab. Services	\$40/visit (20% OON) PT = \$40/20%	\$40 (20%/visit OON) PT = \$40/20%
Inpatient MH	1-7: \$100/day (190 lifetime max);8-90: \$0/day (50% per stay OON)	\$100 per admission (20% OON)
Outpatient Services/Surgery	\$35-\$100/visit (20% OON)	\$25-100/visit (20% OON)
Inpatient Hospital Copay	1-7: \$100/day; 8-90: \$0/day, 91+ \$0/day (20% OON per stay)	\$100 per admission (20% OON)
Skilled NH facility	1-20: \$0/day; 21-100 \$188/day (20% OON per stay)	1-20: \$20/day; 21-100: \$188/day (20% OON)
Foot Care (Podiatry)	\$35/treatment (20% OON)	\$25 (20% OON)
Ambulance	\$290 ground or 20% air	\$290 ground or 20% air
Emergency Care	\$90/visit	\$120/visit
Urgent Care:	\$0-\$35 or 20%	\$0-\$25 or 20%
Durable Medical Equipment	20%	20%
Chemotherapy	20%	20%
Diabetic testing supplies	\$0 - 20%	0-20%
Diagnostic Tests and Lab services	\$35-100 Radiation, X Rays \$0-85, Lab \$0-25 (20% OON)	\$25-100 Radiation; X Rays \$0-85; Lab \$0-25 (\$20 OON)
Preventative	\$0	\$0 (20% OON)
Hearing, Vision, and Dental, Wellness	Vision exams \$0, \$75 max coverage, \$100 max for glasses/contacts, Hearing \$0 exam, Aid for \$699-999, Dental cleaning & x-ray \$0/50% OON up to \$2,000 max, Fitness Program	Vision exams \$0, \$75 max coverage \$100 max for glasses/contacts, Hearing \$25 exam, Aides for \$699-999, Dental cleaning, x-ray \$0/50% OON up to \$2,000 max, Fitness Program
Drug Coverage: Preferred Pharmacy Copayments	Part B drugs 20% Part D: deductible \$350 Tier 1=\$0, Tier 2=\$6, Tier 3=\$47, Tier 4=\$100, Tier 5=27%	Part B drugs: 20% Part D: Deductible \$250 Tier 1 = \$0, 2=\$6, 3=\$47, 4=\$100, 5=28%
Additional: OTC Benefit	\$50 every quarter (3 months) for approved select over-the-counter health and wellness products from Humana Pharmacy mail delivery.	\$50 every quarter (3 months) for approved select over-the-counter health and wellness products from Humana Pharmacy mail delivery.



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OUT-OF POCKET EXPENSES: 2022

Medica Health Plans of WI - Cost

Non Members: **1-800-906-5432** **www.medica.com**

Plan Name:	Standard	Medica Thrift	Medica Focus	Medica Total
Counties:	Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Sawyer, St. Croix, and Washburn			
Premium: You will pay the Part B Premium as well	\$0 NO drug coverage	\$34.00/\$44.40=\$78.40	\$79.00/\$52.90=\$131.90	\$185.00/\$64.80=\$249.80 Optional Rider: \$34 to include certain coinsurance, 30 days Skilled Nursing Care w/o prior hospital stay and supplemental home health care
	CAN do stand Alone Plan, VA, SeniorCare Can do Health Plan Only With a Stand Alone Pt D plan, VA, or SeniorCare			
Health Deductible	\$0	\$50.00	\$0.00	\$0.00
Out-of Pocket Maximum:	\$4,500 (in network)	\$6,700 (in-network)	\$4,000 (in-network)	\$3,000 (in-network)
Doctor Visits	\$0	20%	\$0	\$0
Specialist Visit	\$35	20%	\$15	\$10
Outpatient Mental Health Therapy & Rehab (PT, Lang, Speech, Occupational)	\$30-35/visit	20%/visit, Grp and Ind	\$0-\$15/visit, Grp and Ind	\$0-\$10/visit, Grp and Ind
Outpatient Services/Surgery	\$250/visit	20%/visit	\$100/visit	\$20/visit
Inpatient Hospital Copay	1-5 \$280/day 6-90+ \$0/day	1-4: \$300/day; 5-9: \$0/day	\$300/stay	\$250/stay
Skilled NH facility (need 3 day hospital stay)	See Agent	1-20: \$0 per day; 21-100: \$176 per day	1-20: \$0/day; 21-100: \$50/day	1-20: \$0/day; 21-100: \$50/day
Ambulance (ground)	\$200	20%	\$50	\$0
ER in US	\$90	\$50/visit	\$50/visit	\$50/visit
Urgent Care in US:	\$0-35	\$25/visit	\$0-\$20/visit	\$0-\$10/visit
Durable Medical Equipment	20%	20%	20%	0%
Chemotherapy	20%	20%	20%	20%
Diabetic testing supplies:	20%	20%	0-20%	0%
Diagnostic Tests & Lab services	\$0=Lab \$35-150 Radiation \$0-35 X-Rays	0-20% Lab 20% Radiation 20% X-Rays	\$0-\$10 Lab \$30 Radiation \$10 X-Rays	\$0 Lab \$10 Radiation \$0 X-Rays; \$10 MRI
Preventative	\$0	\$0	\$0	\$0
Hearing, Vision, Dental, Fitness	Please see agent for details	Hearing exam = 20% Eye exam = Not Covered No Dental	Hearing: exam \$0-\$15, up to \$400 for hearing aids Vision: \$0 copaymt for eye exam, up to \$100 for eyewear Dental Reimbursement up to \$300	Hearing: exam \$0-\$10, up to \$400 for hearing aids Vision: \$0-10 copaymt for eye exam, up to \$200 for eyewear Dental reimbursement up to \$400

			Silver Sneakers fitness	
Drug Coverage: Note: Can Choose a Stand-Alone Drug Plan instead	No Part D included, must do Stand Alone plan or SeniorCare or VA	Part B drugs = 20% Part D: Premium \$44.40 Deductible \$480, Tier 1=\$2, 2=\$10, 3=\$38, 4=50%, 5=25%	Part B drugs + 20% Part D: Premium \$52.90 Deductible \$480 Tier 1=\$2, 2=\$10, 3=\$40, 4=46%, 5=25%	Part B drugs = 20% Part D: Premium \$64.80 Deductible \$480 Tier 1=\$0, 2=\$10, 3=\$40, 4=46%, 5=25%

Medica Prime Solution Drug Plans									
Preferred Pharmacy Cost Summary, higher at Non-Preferred or Out of Network pharmacies									
Reminder – CAN DO A STAND ALONE DRUG PLAN ELSEWHERE									
Plan Name		Health Plan Premium	Drug Plan Cost		Drug Copayment/Coinsurance				
			Premium	Deductible	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Thrift	Rx1 H2450-007-0	\$34.00	\$44.40	\$480	\$2	\$10	\$38	50%	25%
Focus	Rx1 H2450-016-0	\$79.00	\$52.90	\$480	\$2	\$10	\$40	46%	25%
Total	Rx1 H2450-017-0	\$185.00	\$64.80	\$480	\$0	\$10	\$40	46%	25%
*** Please see a Medica Agent for more details.									

Updated 10/2021