

# Medicare Advantage Plans for 2025: Montgomery County

Courtesy of PA MEDI: 610-834-1040 x120  
www.rsvpmc.org/medicare-help

<u>Montgomery</u>			<u>PART A COVERAGE</u>		<u>PART B COVERAGE</u>				<u>Out-of-Pocket Maximum for Parts A &amp; B Services</u>		<u>PART D COVERAGE (Max Out of Pocket is \$2,000)</u>	
<u>Company, Phone #, Website</u>	<u>Monthly Premium in \$</u>		<u>Part B reduc'ns in \$/mo</u>	<u>Hospital Copay \$/day</u>	<u>Doctor Copays</u>		<u>Urg Care</u>		<u>Out-Patient Surgery</u>		<u>Rx Deductible</u>	<u>Copays for Tiers 1, 2, 3, 4, 5</u>
	<u>no Rx</u>	<u>incl'g Rx</u>			<u>PCP</u>	<u>Spec.</u>	<u>Care</u>	<u>ER</u>	<u>Hospital</u>	<u>Amb Surg</u>		
<b>Aetna Medicare 1-833-859-6031 aetnamedicare.com</b>												
Premier Plus (HMO-POS)		89		395/stay	0	30	45	110	350	250	6,900	590 T3, 4, 5 0,0,24%,25%,25%
Premier (HMO-POS)		61		325/days 1-5	5	35	45	110	325	250	6,900	590 T3, 4, 5 0,0,24%,25%,25%
Value Plus (HMO-POS)		29		300/days 1-7	0	35	45	110	300	250	7,500	590 T3, 4, 5 0,0,24%,25%,25%
Advantra Value (HMO-POS)		0		325/days 1-7	0	35	45	110	325	275	7,500	590 T3, 4, 5 0,0,24%,25%,25%
Gold (PPO)		142		450/stay	5	35	45	110	300	250	7,500	590 T3, 4, 5 0,0,24%,25%,25%
Advantra Premier Plus (PPO)		72		275/days 1-5	0	35	50	125	295	245	5,900	590 T3, 4, 5 0,0,24%,25%,25%
Advantra Credit Value (PPO)		0	-53	375/days 1-7	5	50	45	110	360	260	7,500	590 T3, 4, 5 0,0,24%,25%,25%
Freedom Core (PPO)		0	0	335/days 1-7	0	50	45	110	335	285	7,500	590 T3, 4, 5 0,0,24%,25%,25%
Advantra Eagle (HMO-POS)	0		-111	495/stay	0	10	50	125	250	200	5,500	--- ---
<b>Cigna 1-800-313-0973 cignamedicare.com</b>												
Preferred Plus (HMO)		20		285/days 1-7	0	35	55	125	325	200	6,750	0 0,4,45,100,33%
Preferred PA (HMO)		0		260/days 1-7	0	20	55	125	325	195	3,900	0 0,4,45,100,33%
Preferred (HMO)		0		295/days 1-7	0	20	55	125	325	195	5,600	0 0,4,45,100,33%
Preferred Full Savings (HMO)		0	-174.70	465/days 1-4	0	45	45	110	375	300	8,200	0 0,4,45,100,33%
True Choice (PPO) * \$500 ded		0	0	350/days 1-5	0	35	45	110	375	225	7,900	0 0,4,45,100,33%
Courage (HMO)	0			295/days 1-6	0	25	55	125	300	200	5,900	---
<b>Devoted Health 1-800-376-5889 Devoted.com</b>												
CHOICE (PPO)		0		275/days 1-7	0	35	45	110	375	275	7,550	590 T3,4,5 0,8,25%,25%,25%
CHOICE PLUS (PPO)		18.90		275/days 1-7	0	35	45	110	375	275	7,550	590 T3,4,5 0,8,25%,25%,25%
CHOICE GIVEBACK (PPO)		0	-152.70	375/days 1-4	0	50	45	110	475	475	9,350	590 T3,4,5 0,8,25%,25%,25%
CORE (HMO)		0		275/days 1-7	0	40	45	110	375	275	7,500	590 T3,4,5 0,8,25%,25%,25%
GIVEBACK (HMO)		0	-117.70	375/days 1-5	0	45	45	110	475	375	7,900	590 T3,4,5 0,8,25%,25%,25%
<b>Geisinger 1-800-514-0138 GeisingerGold.com</b>												
Gold Value Rx (HMO)		23		225/days 1-5	0	35	35	110	350	350	8,850	0 0,5,25%,50%,33%
Gold Heritage (HMO)	0		-43	150/days 1-5	0	20	20	125	200	200	6,700	---
<b>Highmark Blue Cross Blue Shield or Highmark Blue Shield 1-833-227-9375 medicare.highmark.com</b>												
Complete Blue Choice Deluxe (PPO)		9		425/stay	0	25	50	125	300	200	6,750	0 0,5,25%,50%,33%
Complete Blue Premier (PPO)		38		425/stay	0	20	15	125	250	150	6,100	0 0,5,25%,50%,33%
Freedom Blue Valor (PPO)	0		-60	300/stay	0	10	40	125	250	200	6,000	---
<b>Humana 1-800-833-2364 humana.com</b>												
Choice 120 (PPO)		105		350/stay	5	30	45	110	400	300	7,600	300 T4,5 5,15,47,45%,29%
Choice 005 (PPO)		41	-1	379/days 1-6	5	40	45	110	635	535	8,300	300 T4,5 5,15,47,50%,29%
Choice 017 (PPO) * \$120 ded		26		325/stay	0	15	55	125	400	300	6,300	300 T4,5 0,5,47,40%,29%
Choice 051 (PPO) * \$125 ded		0	-1	362/days 1-7	0	40	45	110	640	550	7,800	300 T4,5 0,5,47,45%,29%
Choice Giveback 058 (PPO) * \$300 ded		0	-75	475/days 1-5	0	50	45	110	745	645	7,500	225 T3,4,5 0,5,47,40%,30%
USAA Honor Giveback w Rx (PPO) * \$170 ded		0	-55	450/days 1-5	15	50	45	110	620	520	7,850	300 T3,4,5 0,5,47,50%,29%
Gold Plus 037 (HMO) * \$210 ded		0	-2	330/days 1-8	0	25	45	110	600	500	8,900	300 T4,5 0,5,47,40%,29%
Choice 008 (Regional PPO) * \$500 ded		63		350/days 1-5	15	45	55	125	690	590	6,700	0 6,20,47,50%,33%
Choice Giveback 116 (PPO)	0		-50	495/days 1-6	0	25	60	140	800	700	4,150	---
USAA Honor Giveback (PPO)	0		-100	425/days 1-7	10	45	55	125	800	700	6,700	---
Gold Choice 163 (PFFS)	108			0	0	0	0	140	390	340	1,500	---
Choice 007 (Reg'l PPO)	0			350/days 1-5	0	35	55	90	350	300	4,500	---

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Montgomery Company, Phone #, Website Plan Name / Plan No.	Monthly Premium in \$		Part B reduc'ns in \$/mo	PART A COVERAGE Hospital Copay \$/day	PART B COVERAGE						Out-of-Pocket Maximum for Parts A & B Services	PART D COVERAGE (Max Out of Pocket is \$2,000)			
	no Rx	incl'g Rx			Doctor Copays		Urg		Out-Patient Surgery			Rx Deductible	Copays for Tiers 1, 2, 3, 4, 5		
					PCP	Spec.	Care	ER	Hospital	Amb Surg					
<b>IBX Keystone 65 HMO 1-877-393-6733 ibxmedicare.com</b>															
Preferred Rx (HMO)		143		225/days 1-6	0	40	5-55	140	350	125	4,000	0	0,0,25%,50%,33%		
Select Rx (HMO)		69		275/days 1-6	0	40	15-55	125	350	200	6,000	0	0,0,25%,50%,33%		
Focus Rx (HMO-POS)		10	-9.30	210/days 1-6	0	30	10-40	125	325	200	6,750	0	0,0,25%,50%,33%		
Basic Rx (HMO)		0	-6.10	250/days 1-7	0	30	15-45	110	300	150	7,250	0	0,0,25%,50%,33%		
Essential Rx (HMO-POS)		2.10		525/stay	0	25	5-45	110	275	225	7,650	0	0,0,25%,50%,33%		
Preferred Medical Only (HMO)	129.50			225/days 1-6	0	40	5-55	140	350	125	4,000	---	--		
Select Medical Only (HMO)	3.50			275/days 1-6	0	40	15-55	125	350	200	6,000	---	--		
Liberty Medical Only (HMO)	0		-90	285/days 1-7	0	40	15-45	110	20%	20%	9,350	---	--		
<b>IBX Personal Choice 65 PPO 1-877-393-6733 ibxmedicare.com</b>															
Rx (PPO)		152		240/days 1-6	0	35	5-55	125	300	150	5,500	0	0,0,25%,50%,33%		
Prime Rx (PPO)		0	-9.10	250/days 1-7	0	30	10-45	100	350	200	7,550	0	0,0,25%,50%,33%		
Saver Rx (PPO)		0	-96	375/days 1-5	10	50	15-45	110	20%	20%	8,300	0	0,0,23%,50%,31%		
Elite Rx (PPO)		16.60		525/stay	0	30	5-45	100	250	150	7,000	0	0,0,25%,50%,33%		
Plus Rx (PPO)		164		250/stay	0	0	5-45	110	275	225	4,151	0	0,0,25%,50%,33%		
<b>Jefferson Health Plans 1-866-901-8000 JeffersonHealthPlans.com</b>															
Flex (PPO)		0		250/days 1-6	0	35	20	100	375	245	7,000	0	0,5,25%,40%,33%		
Flex Plus (PPO)		37		400/stay	0	20	10	100	250	150	6,900	0	0,5,25%,35%,33%		
Flex Pro (PPO)		20		425/stay	0	20	15	100	250	150	6,000	0	0,5,25%,35%,33%		
Prime (HMO)	40.90			235/days 1-6	0	20	5	100	350	300	6,400	0	0,10,25%,35%,33%		
Complete (HMO)	0			250/days 1-6	0	25	10	100	300	200	5,700	0	0,10,25%,35%,33%		
Giveback (HMO)	0		-125	310/days 1-5	0	40	15	100	350	300	8,300	590 T3,4,5	0,10,20%,35%,25%		
<b>United Healthcare 1-800-555-5757 AARPMedicarePlans.com</b>															
AARP 0009 (PPO)		59		225/days 1-4	0	30	55	125	395	295	6,300	420 T3,4,5	0,0,47,100,28%		
AARP 0010 (PPO) * \$900 ded		0		750/stay	0	35	55	125	395	320	6,700	420 T3,4,5	0,10,47,100,28%		
AARP Giveback 12 (PPO)		0	-73	475/days 1-5	0	50	45	110	475	375	8,900	495 T3,4,5	0,14,47,100,27%		
AARP 0013 (PPO)		0		250/days 1-6	0	35	45	110	250	200	6,900	420 T3,4,5	0,0,47,100,28%		
AARP 0001 (HMO-POS)		36		275/days 1-6	0	30	55	125	275	225	5,400	340 T3,4,5	0,5,47,100,29%		
AARP 0005 (HMO-POS)		0		250/days 1-6	0	30	45	110	250	200	6,900	340 T3,4,5	0,5,47,100,29%		
AARP Patriot MA01 (HMO-POS)	0	-	-140	350/days 1-7	0	45	55	125	350	295	6,700	---	0		
<b>Wellcare by Allwell 1-800-225-8017 Wellcare.com/AllwellIPA</b>															
Simple Open (PPO)		0		350/days 1-6	0	30	40	125	400	250	6,700	420 T3,4,5	0,0,25%,39%,28%		
Giveback Open (PPO) * \$130 ded		0	-54.70	400/days 1-5	0	45	40	110	400	250	7,550	420 T3,4,5	0,0,25%,30%,28%		
Assist (HMO)		30.20		450/days 1-5	0	25	55	125	300	250	5,200	490 T2,3,4,5	18,19,22%,100,25%		
Simple (HMO)		0		350/days 1-7	0	25	40	125	350	275	5,900	420 T3,4,5	0,0,25%,37%,28%		
Patriot Giveback (HMO)	0		-100	345/days 1-5	0	30	45	110	350	220	7,550	---			
<b>UPMC for Life 1-877-381-3765 upmchealthplan.com</b>															
Salute (PPO) * \$ ded ? PtB	0		-45	?	Best for Veterans; most copays 20%, but usually 0 with TriCare for Life or CHAMPVA										

\* Deductible for some medical services

1. Table shows copays for the more frequently used or more costly Part A and B services. There are additional services which require copays.
2. Table shows In-Network costs. For PPOs, going Out-of-Network entails deductibles and added coinsurance (% of cost).
3. ALL plans offer Extra Benefits, which may include some Vision, Hearing, Dental, Fitness, Over-the-Counter drugs, etc. Check plan.
4. Part D Rx drug Maximum Out-of-Pocket expense is \$2000/yr.
5. Most plans charge 20% coinsurance for chemo, Part B drugs, and durable medical equipment. PPOs may charge even more if Out-of-Network.