COMPANY (No UT)	AARP M/C HMO P-2	AARP Walgreens HMO (NEW)	AARP M/C HMO P-1	HUMANA CHO. PPO	AETNA Choice PPO
PREMIUM	$0 Referral Req.	$0	$39 Open Acc	$0	$33
OOP MAX	5,000	6,700	4,500	5,900/10,000 45% out	5,900 45% out of NW
HOSPITAL	345-1-5 **All Hos**	360 1-5 **All Hos**	290 1-5 **All Hos**	450 **1-4 No UofU**	350 1-5 **No IHC**
SNF	0 1-20, 178 21 0 50-100	0 1-20, 178 21-100	0 1-20, 178 21-50 0 51-100	50 1-20 0 1-20 178 21-55 0-56-100	0 1-20 178 21-100
HHC	0	0	0	0	0
DOC Chiropractic	0/40 Referral Req 20	0/50 Referral Req	0/30 20	0/50 45% out 20	0/40 45% out 20
OPS	250/325	250/340	225/275	200 surg cntr 450 Hos	350/350
AMB	250		250	265 Ground 20% Air	300
EMERG. & UC	90 & 30-40	90 & 0-45	90 & 30-40	90 & 25	90 & 45
REHAB	40		40	40 10 cardio	40
DME	20%		20%	20%	20%
Diabetics	0 Supplies		0 Supplies	0 M/O 0r 10%	0-10 (20%)
PART B	20%		20%	20%	20%
RAD. & lab/Xrays	9-10 16/X-rays 20% rad Ex Im		0-10 16/X-rays 20% rad Ex Im	0-250 20% Rad	0-250 Ex Im 250 rad.
Rx COPAYS Deductible GENERIC-1 Non- Pre Gen-2 BRAND-3 Non Brand-4 Spec	Plan D $200 3-5 3/0 10/0 45/125 95/275 30% 50 **OTC** Qtr.	Plan D $200 3-5 3 10 47 100 29%	Plan D $200 3-5 3/0 10/0 45/125 95/275 29% 5 0 **OTC** Qtr.	Plan D 200 T 3-5 4/0 15/0 45/131 100/290 29? **OTC** 50 qtr.	**Gap T1&2** Plan D $100 3-5 0/0 15 10/25 20 47/136 47 100/300 100 31%
DENTAL Hearing VISION	Pre – clean X-ray $340/380 aid 20 exam 70 & 105 contacts	Pre & 1000 comp 0 exam 0/200	Pre + 500 Comp $340/380 aid 40 exam 70 & 105 contacts	Pre Ex. Cl. X $699-999 75 max ex 200 eye ware	750 Comp $1250 each ear 100 glasses Reimbursement
New: UHC Dental $34 mo. 0 ded pre. $1,000 max 80% Minor 50% Major **Call CSR to add** GYM	**Box Elder, Ca. Da. Mor. SL. Sum. To. UT. Wa. We. Passport** Renew Active 12 1-way trans.	**Box Elder, Ca. Da. Mor. SL. Sum. To. UT. Wa. We.** Renew Active	**Box Elder, Ca. Da. Mor. SL. Sum. To. UT. Wa. We. Passport** Renew Active (replaces Silver S) 12 1-way trans.	**Davis, Salt Lake, Utah, Weber** Silver Sneakers Acupuncture	**4 Star access in 25 states** **UT, SLC** Silver Sneakers

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COMPANY	**HUMANA PPO CHOICE MA only**	**AETNA PPO VALUE**	**HUMANA GOLD + HMO**	**SEL. Wasatch Essential HMO**	**SEL. Wasatch Enh. HMO**
PREMIUM	$0	$58	$0 PCP Req.	$0 Open Acc	$59 Open Acc
OOP MAX	3,600/4,500 **No U of U**	5,900 No U of U	5,900 **No U of U**	5,500 **IHC only**	5.400 **IHC only**
HOSPITAL	360 1-5	390 1-5	400 1-4	320 1-5 0 1-20	395 1-4 0 1-20 178 21-75
SNF	0 1-20 178 21-55 0-56-100	0 1-20 178 21-55 0-56-100	0 1-20 178 21-55 0- 56-100	178 21-100	0 76-100
HHC	0	0	0	0	0
DOC	0/35	0/45	0/45 20	0/45 20	0/50
OPS	250/325	350-350	200 surg. cntr. 400 hos.	300	300
AMB	265 20% air	300	265 20% air	225	225
EMERG.	90 & 25	90 & 40	90 & 25	90 & 50	90-45
REHAB	25	?	40 20 cardio	40	40
DME	20%	20%	20%	20%	20%
Diabetics	0	0	0	0 supplies	0
PART B	20%	20%	20%	20%'	20%
Lab, Dia, Tests RADIOLOGY	0-180 20%	0-295	0-15-50-450 ima 20% rad, ex item	10-20 20% 300/20% .	0 to 20%. 250 rad,
Deductible GENERIC-1 Non Pre Gen-2 Brand -3 Non Brand-5 Spec		**Gap T1&2** 100 3-5 0/0 15 10/25 20 47/136 47 100/300 100 31%	400 T 3-5 3/0 MO 15/0 MO 47/131 100/290 25%	Plan D 200 T 3-5 0/0 10/20 45/135 95/285 29%	150 3-5 0/0 10/20 45/135 100/280 33%
GAP COV			OTC 50 qtr.	OTC 5O	OTC 50
DENTAL	$1,000 Comp	$250		Pre Dental	Pre & Comp 50% 1,000
HEARING	$399/699	1250 each ear	Tru Hearing	$399-1749	$399-1749
VISION	0 ex 100 eye ware	0 exam 100 eye	100	$0 150 glasses	$40 150 eye plus dental
	Salt Lake, Utah Weber, Davis. Wash, Iron	**BE, CA, CAR, DAG, DA, DUC, JUAB. MOR, RICH, SUM, TO, UIN, WAS, WE, UINTA WY**	**Salt Lake, Utah Weber, Davis.**	**BE, CA, DA, MOR, RICH, SLC, TO, UT, WAS, WE, Franklin ID**	**BE, CA, DA, MOR, RICH, SLC, TO, UT, WAS, WE, Franklin ID**
GYM	Silver Sneakers	Silver Sneakers	Silver Sneakers	Up to $240 yr for wellness activities	Up to $480 yr for wellness activities

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COMPANY	AARP M/C HMO MA ONLY	MOLINA MA-PD HEALTHY U	Regence MA PPO BASIC	Regence RX PPO CLASIC	Regence RX PPO ENH.
PREMIUM	$0	$0 **(2018 Benefits)**	$18	$68	$199
OOP MAX	5,000 345 1-5	5.400	5,000/10,000	6,700, 10,000	5,000/8,300
HOSPITAL	**All Hos**	295 1-6 (No IHC)	400 1-4 50% **All Hos**	350 1-4 50% **All Hos**	310 1-5 30% **ALL HOS**
SNF	0 1-20, 178 21 0 50-100	0 1-20 178 21-100	0 1-20 178 21-100	0 1-20 178 21-100	0 1-20 178 21-100
HHC	0	0	0	0	0
DOC	10/50 20	0/40	15/45 50% Tele 10	10/40 50% Tele 10	5/30 30% 15
OPS	290 Surg. Cntr. 340 Hos	225	275 CTR 300 HOS	225 CTR 300 HOS	150 CTR 300 HOS
AMB	250	200	250	300	250
EMERG.	90 & 30-40	75 & 40	90 & 60	90 & 60	90 & 60
REHAB	40	20%	40	40	30
DME	20%	0	20%	20%	20%
Diabetics	0 Supplies	20%	0	0	0
PART B	20%	20%	20%	20%	20% 12 lab & X, 20%
RADIOLOGY	0-10 16/X-rays 20% rad/		12 lab & X, 20% Rad & Ex Imag.	12 lab & X, 20% Rad & Ex Imag.	Rad & Ex Imag.
Deductible	**No Plan D**	0	**No Plan D**	250 3-5	**Plan D**
GEN-1		2		3/10	3/10 MO
NON GEN-2		8		13/20 MO	8/15 MO
BRAND-3		45		40/47	40/47
TIER-4		100		40-45%	40/45%
SPEC-5		33%		27%	33%
GAP COV				T-6 Gen $0	T-6 Gen $0
DENTAL		250 comp	Opt	Exam & preventie	Pre 50% / 1,000
HEARING		1250 each ear	Opt	Exam 699/999	Exam 599/899
VISION		0 ex $100 eye	100	100	150
		Salt Lake, Utah, Weber, Davis	**Salt Lake, Utah Weber, Davis.**	**Salt Lake, Utah Weber, Davis.**	**Salt Lake, Utah Weber, Davis.**
	We. Passport				
GYM	Renew Active	Silver & Fit	Silver & Fit	Silver & Fit	Silver & Fit

COMPANY	UHC ASSURE MA-PD for Full Duels	HEALTH CHOICE DUEL MA-PD	MOLINA MA-PD HMO DUEL (2018)	UHC MA ASSIST HMO SNP CHRONIC	LASSO MSA MA ONLY
PREMIUM	$ Most ($29.90 W/O Medicaid)	$0 For fuel Duels	$0 Most (39.50 W/O Medicaid)	$39 (unless on LIS)	$0 In all counties in U
OOP MAX		No IHC		$4,900	AFTER DEDUCTIB
					ALLOWABLE (ASS
HOSPITAL	No Referrals Needed	$0 For fuel Duels	0 to 20%	290 1-5	ALL MEDICARE PI
SNF	$0 For fuel Duels		0 to 20%		Each year $3240 is p
		$0 For fuel Duels			
HHC			0 to 20%		Region 1:
	$0 For fuel Duels	$0 For fuel Duels			Deductible $7,400
DOC			0 to 20%	0/40 Referral Req.	UT, SL, WE, DA
					($4160 risk 1st yr)
OPS	$0 For fuel Duels		0 to 20%	0 – 225 / 0 – 275	
					Region 2:
AMB	$0 For fuel Duels		0 to 20%		Deductible $8,400
		$0 For fuel Duels			BE, CA, TO, MOR.
EMERG.			0 to 20%		($5160 Risk 1st yr)
	$0 For fuel Duels				
REHAB			0 to 20%		Region 3:
	$0 For fuel Duels				Deductible $9,400
DME			0 to 20%		Remainder of UT co
					($6160 risk 2st yr)
Diabetics	$0 For fuel Duels				
					No PDP ... need to
PART B					
					Cannot have other cc
RADIOLOGY					
					Can use MSA Acct.
					Deductible unless is
Deductible		$0 For fuel Duels		$2- 3-5	LASSO Uses Optum
GEN-1			All drugs in all tiers	3	gaps.
NON GEN-2			depend on your level	10	
BRAND-3			of coverage including	45	Get $225 gift card fo
TIER-4		$0 For fuel Duels	the gap	95	
SPEC-5				29%	
GAP COV					
DENTAL	$1000 Comp Dental	$1350 Comp Dental,	Comp $1,000	Prev & 500 Comp	
HEARING	$0 copay for 2 Aids	$200 Vision, $1,500		Exam & Aids	
VISION	Vision $200 per year	hearing aid 3-yrs,	$250 2-yrs.	Exam & Credit	
		Meals, $100 OTC			
	Transportation (48 1-way ?)	qtr., Transportation.		OTC, ER Alert,	
			$14 OTC		
	100 OTC Carries over each quarer		Transportation 24 one way trips		
GYM	**Renew Active**			**Renew Active**	
	Utah, Box Elder, Davis, Morgan, Salt Lake, Summit, Tooele, Wasatch, Weber	**Utah, Davis, Salt Lake, Tooele, Weber**	**Box E, Ca. Da. Iron, SL, To. Wa. We.**	**BE, CA, DA, MOR, SLC, SUM, TO, UT, WAS, WE**	
	Need to have Medicare and Medicaid	**Must Have Medicare and Medicaid**	**NOTE: 2018 INFO**		

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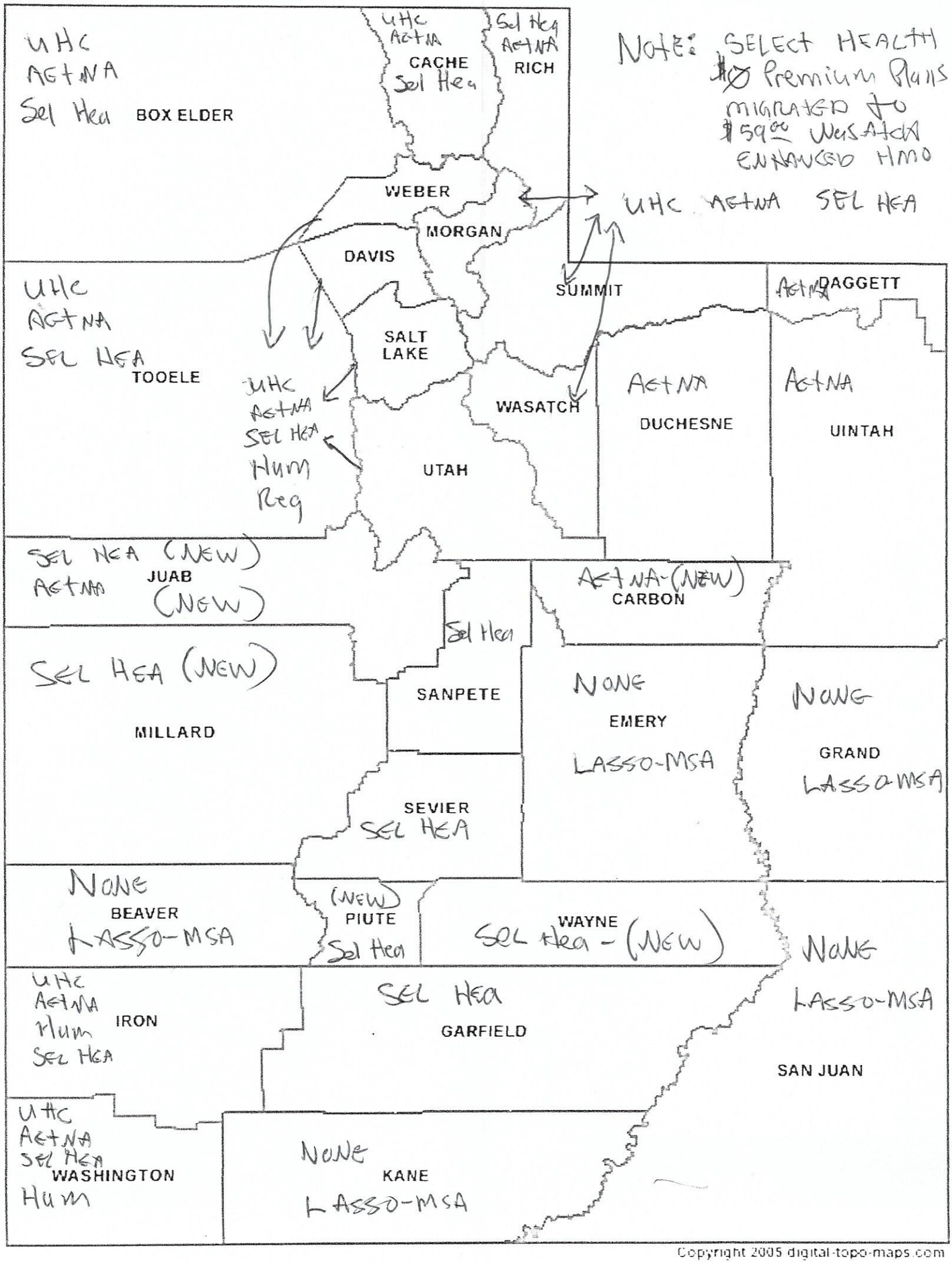
COMPANY (SO UTAH)	**AARP Medicare ADV HMO (NEW)**	**UHC Med Com Local PPO**	**AETNA Choice PPO**	**HUMANA CHOICE PPO**	**SEL. HLTH. SW CENTRAL**
PREMIUM	$25	$38	$53	$33	$39 Open Acc
OOP MAX	$5,000	5,500/9,900	5,900/10,000	$5,900/10,000 50% out of NW	6,700
HOSPITAL	$395 1-4	395 1-5 495 **IHC, UofU No**	390 1-5 **IHC rural only**	$450 1-4 **No U of U**	380 1-4 **IHC Hos only**
SNF		1-20 50 1-20 178 21-50, 0	0 1-20, 178 21-100	01-20 178 21-50 0 51-100	0 1-20 178 21-100
HHC		0	0	0	0
DOC	0/40 **Referral Req**	5/40	5/45	0/40	5/45
OPS	325/375	325/385 (**Big Change**)	350/360	200 Surg. Cntr. 395 Hos	250 surg. cntr. & 380 hos
AMB		250 ground 30% Air	350	265 Ground 20% Air	250
EMERG.		90 & 30-40	90 & 10-45	90 & 25	90 & 25
REHAB		35 or 40 out	40	40 10 Cardio Rehab	40
DME		20% 50% out	20%	20%	20%
Diabetics		0-20 %	0 supplies	0 M/O 10-20%	0 supplies 20% shoes
PART B		20%	20%	20%	20%
Lab, Dia, Tests		13 lab 20%	10-250	0-450	5 50 20% 300 ex im.
RADIOLOGY		20%	250 Rad	20%	20% rad,
		OTC	**Gap T1&2**		
Deductible	$200 3-5	200 T 3-5	150 3-5	250 3-5	200 3-5
GENERIC-1	3	3- 0 90 day	0/0 15	4-0 90 day	3/6
Non Pre Gen-2	10	13/0 90 day	5/15 20	15-0 90 day	10/20
Brand -3	45	47/131	47/141 47	47-131	45/135
Non Brand-5	100	100/290	100/300 300	100-290	95/285
Spec	29%	27%	30%	28%	29%
GAP COV			**T 1&2**		
DENTAL	Pre Dental	1,000 Comp	250	$699/999 Ex 75 max	Pre Dental $499-799
HEARING	UHC Hearing	340/380	1250 each ear	$100 Eye Ware	$45 15O glasses
VISION	Routine Exam	None	100		
		50 OTC		**OTC $30 qtr**	**50 OTC QTR**
	Wash & Iron	**Wash Only, Passport**	**Wash & Iron**	**Wash Iron for 2020**	**Garfield, Iron, Ju Millard, Piute, Sa Pete, Sevier, Was Wayne**
GYM	Renew Active	Renew Active	Silver Sneakers	Silver Sneakers	Up to $240 Reimbursement Per yer.
		Network is IHC and U of U up North.		Acupuncture $20 up to 25 visits, Meals	
		24 1-way Trans.			



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UT-Company	**Silver Script**	**AARP**	**HUMANA**	**WellCare**
Plan Name	**Choice**	**Saver Plus**	**Premier Walmart &En mapped to this**	**Select? … Aetna purchased by Wellcare**
Benefit Type				
Premium	33.7/ WY	33.40/32.80 WY	$51.80	13.10-35.70
Deductible	305= **$25.42 Mo.**	435 = **$36.25 Mo.**	435 Tier 3-5	435 T 3-5
Tier 1 Generic	0 5	1/3 6	1/0 10	0
Tier 2	2 6	6/18 11	4/0 20	4-15?
Tier 3	47 47	25/75 30	42-116	4-20?
Tier 4	38% 38%	33% 33%	44%	38-47?
Spec.	26% 26%	25% 25%	25%	25%
Gap $3,750 (This on all plans) Threshold $5,100 $3.40 $8.50 or 5%	25% Generic 25% Brand What you Spend goes to TROOP in Gap[	25% Generic 25% Name Generic is $100 & $37 goes to TROOP	25% Generic 25% Name B **$435 - $36.25 per Mo.**	
Plan Name	**Silver Script Plus**	**Preferred**	**Humana-Walmart Value**	**WellCare Saver? LIS DUELS**
Benefit Type				
Premium	84.80/ WY	82.90/71 WY	**$13.20**	$20.40 -46.40
Deductible	0	0	$435 Tiers 3-5	$435 All tiers
Tier 1 Generic	0/0 5	5/0	3/3 7	0-3
Tier 2 Non-Pre Gen	2/ 10	10/0	4/12 12	1-12
Tier 3 Pre Brands	47 47	45	44/141 47	29-47
Tier 4 Non Gen Bra	38% 38%	40%	35%	32-50 %
Tier 5 Spec	35% 35%	33%/33%	25% 25%	25%
Coverage Gap	0/0 Tier 1 2/0 Tier 2	25% Generic 25% Name B	25% Generic 25% Name B	
Plan Name	**Ideas:**	**Walgreens**	**Humana**	**WellCare Rx**
Benefit type	**In letter or by phone, advise clients of mail order savings.**	8,100 Walgreens Pre Pharm	**Basic** Designed for LIS	**Value Plus** CVS Wal most groc
Premium		$33.50/34.10 WY	$37.00	$64.10-100.60
Deductable	**See if the qualify for LIS.**	0 T 1-2 435 3-5 **$435 $36.25 Mo.**	435 = **$36.25 Mo.**	None
Tier 1 gen		0/0	0/0	1
Tier 2 non pre-gen		5	1/0	4
Tier 3 pref-brand		40	25%	47
Tier 4 non pre-brand	**Call the CSR on your plan or ask your doctor or pharmacy for generic or lower tier plans for your own plan. Advise on Tier 4 use-lower if can**	35%	38%	42-50%
Tier 5 Specialty		25%	25%	33%
Coverage Gap		None	None if on LIS	
LIS (add part B costs) 1) 18,210 14,390 2)24,690 28,720 (3-2019)		**Online LIS Link:** ssa.gov/medicare/prescriptionhelp/	**LIS** deductible is $0-89 depending level of extra help.	