

## 2021 Johnson County - Medicare Advantage, and Cost Plans

Data as of September 8, 2020. Includes 2021 approved contracts/plans. PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown. Medicare/Medicaid plans are shown in a separate Landscape file.

Notes: Data are subject to change as contracts are finalized. For 2021, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.

\* Indicates plan does not offer Part D drug coverage.

\*\* 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. N/A is defined as Not Applicable

County	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Drug Benefit Type Detail	Contract ID	Plan ID	In-network MOOP Amount **
Johnson	Humana Gold Plus H0028-017 (HMO)	Local HMO	\$ 15.00	\$ -	Enhanced	No	EA	H0028	017	\$ 4,900
Johnson	Humana Value Plus H0028-018 (HMO)	Local HMO	\$ 29.50	\$ 410.00	Basic	No	BA	H0028	018	\$ 7,550
Johnson	Blue Medicare Advantage Complete (HMO)	Local HMO	\$ -	\$ -	Enhanced	No	EA	H1352	001	\$ 6,200
Johnson	Blue Medicare Advantage Plus (HMO)	Local HMO	\$ 45.00	\$ -	Enhanced	Yes	EA	H1352	002	\$ 5,200
Johnson	Blue Medicare Advantage Spira Care (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H1352	003	\$ 4,800
Johnson	Aetna Medicare Premier Plus (PPO)	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	H1608	016	\$ 6,200
Johnson	Aetna Medicare Elite (PPO)	Local PPO	\$ -	\$ -	Enhanced	Yes	EA	H1608	039	\$ 5,000
Johnson	Lasso Healthcare Growth (MSA)	MSA *						H1924	001	\$ -
Johnson	Lasso Healthcare Growth Plus (MSA)	MSA *						H1924	004	\$ -

Johnson	AARP Medicare Advantage Choice Plan 1 (PPO)	Local PPO	\$ -	\$ -	Enhanced	No	EA	H2228	071	\$ 6,400
Johnson	Aetna Medicare Eagle (HMO)	Local HMO *	\$ -					H2663	025	\$ 5,000
Johnson	Aetna Medicare Premier (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H2663	026	\$ 5,000
Johnson	Aetna Medicare Premier Preferred (HMO)	Local HMO	\$ -	\$ -	Enhanced	Yes	EA	H2663	035	\$ 5,000
Johnson	AARP Medicare Advantage Plan 2 (HMO-POS)	Local HMO	\$ -	\$ -	Enhanced	No	EA	H2802	032	\$ 5,900
Johnson	AARP Medicare Advantage Plan 1 (HMO-POS)	Local HMO	\$ 36.00	\$ -	Enhanced	No	EA	H2802	033	\$ 4,400
Johnson	Humana Choice H5216-032 (PPO)	Local PPO	\$ 78.00	\$ 195.00	Enhanced	No	EA	H5216	032	\$ 6,700
Johnson	Humana Choice H5216-033 (PPO)	Local PPO	\$ 33.00	\$ -	Enhanced	No	EA	H5216	033	\$ 5,900
Johnson	Humana Honor (PPO)	Local PPO *	\$ -					H5216	140	\$ 4,500
Johnson	Erickson Advantage Signature with Drugs (HMO-POS)	Local HMO	\$ 199.00	\$ -	Enhanced	No	EA	H5652	001	\$ 2,600
Johnson	Erickson Advantage Liberty without Drugs (HMO-POS)	Local HMO *	\$ -					H5652	002	\$ 6,700
Johnson	Erickson Advantage Freedom (HMO-POS)	Local HMO	\$ 70.00	\$ 200.00	Enhanced	No	EA	H5652	006	\$ 4,300
Johnson	Erickson Advantage Liberty with Drugs (HMO-POS)	Local HMO	\$ -	\$ 400.00	Enhanced	No	EA	H5652	008	\$ 6,700
Johnson	Blue Medicare Advantage Access (PPO)	Local PPO	\$ 60.00	\$ -	Enhanced	Yes	EA	H6502	001	\$ 5,900
Johnson	Blue Medicare Advantage Essential (PPO)	Local PPO	\$ -	\$ -	Enhanced	No	EA	H6502	002	\$ 4,000
Johnson	Blue Medicare Advantage Flex (no Part D) (PPO)	Local PPO *	\$ -					H6502	003	\$ 4,000
Johnson	Allwell Medicare (HMO)	Local HMO	\$ -	\$ -	Enhanced	No	EA	H6550	003	\$ 5,000

Johnson	Allwell Medicare Complement (HMO)	Local HMO	\$ 31.80	\$ 445.00	Basic	No	BA	H6550	006	\$ 3,450
Johnson	Allwell Medicare Boost (HMO)	Local HMO	\$ -	\$ 445.00	Enhanced	No	EA	H6550	007	\$ 7,550
Johnson	Allwell Medicare Simple (HMO)	Local HMO *	\$ -					H6550	008	\$ 3,450
Johnson	Humana Community (HMO)	Local HMO	\$ -	\$ -	Enhanced	No	EA	H7621	001	\$ 3,450
Johnson	Cigna True Choice Medicare (PPO)	Local PPO	\$ -	\$ -	Enhanced	No	EA	H7849	024	\$ 6,500
Johnson	Humana Gold Choice H8145-120 (PFFS)	PFFS *	\$ 36.00					H8145	120	\$ -
Johnson	Humana Gold Choice H8145-122 (PFFS)	PFFS	\$ 131.00	\$ 195.00	Enhanced	No	EA	H8145	122	\$ -
Johnson	AARP Medicare Advantage Choice Plan 2 (PPO)	Local PPO	\$ -	\$ -	Enhanced	No	EA	H8768	023	\$ 3,900
Johnson	AARP Medicare Advantage Patriot (PPO)	Local PPO *	\$ -					H8768	025	\$ 4,400
Johnson	Humana Choice H9070-003 (PPO)	Local PPO	\$ -	\$ -	Enhanced	No	EA	H9070	003	\$ 5,900
Johnson	Allwell Medicare (PPO)	Local PPO	\$ -	\$ -	Enhanced	No	EA	H9387	001	\$ 4,500
Johnson	Allwell Medicare Simple (PPO)	Local PPO *	\$ -					H9387	002	\$ 4,400
Johnson	Cigna Preferred Medicare (HMO)	Local HMO	\$ -	\$ -	Enhanced	No	EA	H9460	001	\$ 5,200
Johnson	Cigna Fundamental Medicare (HMO)	Local HMO *	\$ -					H9460	002	\$ 4,900
Johnson	Humana Choice R4845-001 (Regional PPO)	Regional PPO *	\$ -					R4845	001	\$ 3,400
Johnson	Humana Choice R4845-002 (Regional PPO)	Regional PPO	\$ 41.00	\$ 395.00	Basic	No	BA	R4845	002	\$ 6,700