

2017 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 Consolidated Premium (incl. Part C & D)	Annual Drug Deductible
Humana Insurance Company	HumanaChoice R5826-023	1-800-833-0632	Regional PPO	\$0.00	No Rx (SeniorCare and VA only options)
	HumanaChoice R5826-009	1-800-833-0632	Regional PPO	\$135.00, \$106.70/\$28.30	\$400.00

2017 Medicare Cost 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 #	Monthly Consolidated Premium (incl. Part C & D)	Annual Drug Deductible	
HealthPartners	HP WI Freedom Basic H2462-015-0	1-800-247-7015	\$60.00	No Rx (Can do Stand Alone)	
	HP WI Freedom Balance H2462-016-0	1-800-247-7015	\$99.00	No Rx (Can do Stand Alone)	
	HP WI Freedom Balance w/ RX H2462-017-0	1-800-247-7015	\$154.10, \$99.00/\$55.10	\$400.00	
Medica Insurance Company	Medica Value Thrift H2450-007-0	1-800-906-5432	\$49.00	See Medica Sheet (Can do Stand Alone Plan)	
	Medica Value	1-800-906-5432	\$67.00		
	Medica Basic	1-800-906-5432	\$79.00		
	Medica Enhanced	1-800-906-5432	\$157.00		
	Senior Dental Rider - Available to Value, Basic & Enhanced members for \$62.90/mo, \$50 deductible yearly; \$1,000 max/yr				
	WI Rider Available for \$39/mo – includes SNF 30 days w/o 3 days prior, Kidney Disease Benefits, and Additional Home Health Care				
	* Fitness Program; up to \$125/yr eyewear coverage; up to \$400/yr for hearing aids/fitting on the Basic & Enhanced Plans				

2017 Medical Savings Account (MSA) Plans - St. Croix County

Organization Name	Plan Name	Telephone #	Monthly Premium	Health Plan Deductible	Medicare Deposit	Your Responsibility	Rx Plan
Security Health Plan of Wisconsin, Inc.	Secure Saver H4388-001-0	1-877-998-0998	\$0.00	\$4,500	\$2,520.00	\$1,980.00	No
Network Health Medicare Advantage Plans	Network Prime H1181-001-0	1-800-983-7587	\$0.00	\$5,000	\$2,000.00	\$3,000.00	No

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.

2017 Humana Choice - Regional PPO

Non Members: 1-800-833-2364

Plan Name:	HumanaChoice PPO - R5826-023	HumanaChoice PPO w/ RX - R5826-009
Counties:	Statewide	Statewide
Premium:	\$0	\$135, \$106.70/\$28.30
Deductible:	\$100 annual	\$166 annual
Out-of Pocket Maximum:	\$6700 (<i>\$10,000 OON</i>)	\$6,700 in network; \$10,000 Out Of Network (OON); does not include meds
Doctor Visits	\$15 (<i>50% OON</i>)	20%
Specialist Visit	\$45 (<i>50% OON</i>)	20%
Chiropractor (Medicare approved)	\$15 (<i>50% OON</i>)	15% (<i>20% OON</i>)
Outpatient Mental Health Therapy and Rehabilitation Services	\$40-95/visit (<i>50% OON</i>)	20%/visit
Inpatient MH	1-6: \$260 per day (190 lifetime max) 7-90: \$0 (<i>50% per stay OON</i>)	1-4: \$397 per day; 5-90: \$0 per day (<i>20% OON</i>)
Outpatient Services/Surgery	\$295 per visit (<i>50% OON</i>)	20%
Inpatient Hospital Copay	1-6: \$295 per day; 7-90: \$0 (<i>50% OON per stay</i>); 91+: \$0 per stay	1-4: \$450 per day; 5-90: \$0 per day; 91+: \$0 (<i>20% OON</i>)
Skilled NH facility	1-20: \$0 per day; 21-100 \$164.50 per day (<i>50% OON per stay</i>)	1-20: \$0 per day; 21-100: \$164.50 per day
HomeHealth Care	0% (<i>50% OON</i>)	0% (<i>20% OON</i>)
Ambulance	\$265 ground or 20% air	20%
Emergency Care	\$75	\$75
Urgent Care:	\$25 (<i>50% OON</i>)	20%
Durable Medical Equipment	10-20% per item (<i>15-50% OON</i>)	15-20% (<i>20% OON</i>)
Chemotherapy	20% (<i>50% OON</i>)	20%
Diabetic testing supplies:	19% (<i>50% OON</i>)	0-20% (<i>20% OON</i>)
Diagnostic Tests and Lab services	20% Radiation; \$15-\$95 X Rays; \$0-\$45 Lab; (<i>50% OON</i>)	20% Radiation; 20% X Rays; 0-20% Lab
Preventitive	\$0 (<i>50% OON</i>)	\$0
ESRD Dialysis	20%	20%
Hearing, Vision, and Dental	Vision and Hearing \$0-45 Diagnostic (<i>50% OON</i>) Dental \$0 exam, cleaning, xrays, anesthesia (<i>50% OON</i>), Dental and Vision options to purchase	Vision \$0-20%, Hearing \$0 (<i>50% OON</i>) for eval, \$500 toward hearing aides, Dental and Vision options to purchase
Prescription Drugs:	20% Part B RX (<i>50% oon</i>) No Part D	20% Part B Rx; \$400 Ded, 25% Gen, Pref Brand, Brand, & specialty. Few Generic/Brands in Gap; 40% Brand/ 51% Gen
Optional:	Optional Vision: \$15.30 Dental: \$30.30	Optional Vision: \$15.30 Optional Dental: \$23 or \$27.20

OUT-OF POCKET EXPENSES: 2017

HealthPartners - Cost H2462

Non Members: 1-800-247-7015

Plan Name:	HealthPartners Freedom Basic (015)	HealthPartners Freedom Balance (016)	HealthPartners Freedom Balance/RX (017)
Counties:	Barron, Burnett, Douglas, Dunn, Pierce, Polk, St. Croix, and Washburn		
Premium:	\$60.00	\$99.00	\$154.10, \$99/\$55.10
Out-of Pocket Maximum:	None	\$3,400	\$3,400
Doctor Visits	20%	\$15	\$15
Specialist Visit	20%	\$15	\$15
Chiropractor (Medicare approved)	20%	\$15	\$15
Outpatient Mental Health Therapy	20% for Grp and Ind	\$7.50 Grp/\$15 Ind	\$7.50 Grp/\$15 Ind
Inpatient Mental Health	\$600 per Stay	\$200 per Stay	\$200 per Stay
Outpatient Services/Surgery	\$0	\$0	\$0
Inpatient Hospital Copay	\$600 per Stay	\$200 per Stay	\$200 per Stay
Skilled NH facility	Days 1-100, \$0	Days 1-100, \$0	Days 1-100, \$0
Home Health Care	\$0	\$0	\$0
Ambulance	20%	10%	10%
Emergency Care	\$100 per visit	\$65	\$65
Urgent Care:	20%	\$15	\$15
Durable Medical Equipment	20%	20%	20%
Chemotherapy	20%	0-20%	0-20%
Diabetic testing supplies:	20%	20%	20%
Diagnostic Tests and Lab services	0% Lab 20% Radiation 20% X Rays	0% Lab 20% Radiation 0%X Rays	0% Lab 20% Radiation 0%X Rays
Preventative	\$0	\$0	\$0
Chiropractor (Medicare approved) and Rehabilitation Services (Occupational, Physical, Speech, Language)	20% per visit	\$15	\$15
Hearing Services Vision Services	Routine Exams - Not Covered, Diagnostic 0-20% of the Cost	Routine Exams \$0, Diagnostic Exams \$0-\$15	Routine Exams \$0, Diagnostic Exams \$0-\$15
Prescription Drugs:	20% Part B Drugs No Part D	\$0-20% Part B Drugs No Part D	\$0-20% Part B drugs \$400 Ded; 25% copays Gap: 40% Gen, 57% Brand

OUT-OF POCKET EXPENSES: 2017

Medica Health Plans of WI - cost

Non Members: **1-800-906-5432**

www.medica.com

Plan Name:	Medica Thrift	MedicaPrime Solutions Value	MedicaPrime Solutions Basic	MedicaPrime Sol Enhanced
Counties:	Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Sawyer, St. Croix, and Washburn			
Premium:	\$49.00	\$67.00	\$79.00	\$157.00
				Wis Mandate Rider: \$39
Health Deductible	\$50.00	\$0.00	\$0.00	\$0.00
Out-of Pocket Maximum:	\$6,700	\$4,000	\$3,400	\$3,000
Doctor Visits	20%	\$10	\$0	\$0
Specialist Visit	20%	\$30	\$10	\$20
Chiropractor (Medicare approved)	20%	\$20	\$10	\$20
Outpatient Mental Health Therapy & Rehab (PT, Lang, Speech, Occup)	20%/visit, Group and Individual	\$30/visit, Grp and Ind	\$10/visit, Grp and Ind	\$20/visit, Grp and Ind
InPatient MH	\$600 copay per stay (190 day lifetime)	1-27: \$150/day; 28-90: \$0/day	1-34: \$100/day; 35-90: \$0/day	1-30: \$100/day; 31-90: \$0/day
Outpatient Services/Surgery	20%	\$125	\$50	\$0
Inpatient Hospital Copay	\$600 per Stay	1-27: \$150/day; 28-90: \$0/day	1-34: \$100/day; 35-90: \$0/day	1-30: \$100/day; 31-90: \$0/day
Skilled NH facility (need 3 day hosp)	1-20: \$0 per day; 21-100: \$161 per day (verify)	1-20: \$0/day; 21-100: \$80/day	1-100: \$0/day	1-20: \$0/day; 21-100: \$50/day
Ambulance	20%	\$50	\$25	\$0
Home Health	\$0	\$0	\$0	\$0
Emergency Care	\$50	\$50	\$50	\$75
Urgent Care:	\$25	\$10-\$30	\$0-\$10	\$0-\$20
Durable Medical Equipment	20%	20%	20%	0%
Chemotherapy	20%	20%	20%	0%
Diabetic testing supplies:	20%	20%	20%	0%
Diagnostic Tests and Lab services	0-20% Lab, 20% Radiation, 20% X Rays	0-10% Lab, 10% Radiation, 10% X Rays	\$0-\$10 Lab; \$10 Radiation; \$10 X Rays	\$0 Lab; \$0 Radiation; \$0 X Rays
Preventative	\$0	\$0	\$0	\$0
ESRD	20%	\$0	\$0	\$0
"Wellness Visit" (1 a yr) - All Plans -	Hearing exam 20% Eye exam 20%	Hearing exam \$10-30 Eye exam \$10-30 Fitness Membership	Hearing exam \$0-10, + up to \$400 toward hearing aide Eye exam \$0-10, up to \$75 toward eye wear Fitness Membership	Hearing exam \$0-20, up to \$400 toward hearing aide; Eye exam \$0, up to \$125 toward eye wear, \$30 copayment glasses/contacts after cataract surgery; Fitness Membership
Prescription Drugs: Also can do Stand-Alone Drug Plan	Part B RX 20% (Part D Option #1 if in enrollment period)	20% Part B Rx; (Part D Options Plans #1, #2 if in enrollment period)	20% Part B Rx; (Part D Options Plans #1, #2 if in enrollment period)	0% Part B Rx; (Part D Options Plans #1, #2 if in enrollment period)
	<i>Senior Dental Rider: \$62.90/mo; \$50 deductible, \$1,000 max; any license dentist; 2 cleanings/eye exams/yr; Fillings 20-50%; gum disease, root canal, crowns, etc. 50%</i>			

Medica Prime Solution									
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	\$45.00	\$24.20	\$200	\$2	\$10	\$34	50%	29%
	Rx 2		Not Available		--	--	--	--	--
Value	Rx1 H2450-022-0	\$67.00	\$18.00	\$315	\$4	\$10	\$45	50%	26%
	Rx 2 H2450-023-0		\$46.20	\$0	\$2	\$8	\$35	50%	33%
Basic	Rx1 H2450-016-0	\$79.00	\$22.40	\$250	\$3	\$10	\$25	50%	28%
	Rx 2 H2450-001-0		\$49.60	\$0	\$2	\$8	\$35	50%	33%
Enhanced	Rx1 H2450-017-0	\$157.00	\$28.40	\$200	\$3	\$13	\$27	50%	28%
	Rx 2 H2450-002-0		\$51.60	\$0	\$2	\$8	\$35	50%	33%

*** Please see a Medica Agent for more details.

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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 have flexibility in choosing your health care services and providers.

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 choose to use money from this savings account to pay your health care costs before you meet the deductible.

How do MSA Plans work?

[Read about basic steps for using a Medicare MSA Plan.](#)

What's covered?

In addition to the [Medicare services that all Medicare Advantage Plans must cover](#), some plans may cover extra [benefits](#) for an extra cost, like dental, vision, or 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, visit the [Medicare Plan Finder](#), call 1-800-MEDICARE (1-800-633-4227), or look at the back of your "Medicare & You" handbook.



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10 basic steps to use a Medicare MSA Plan

1. [Choose and join](#) a high-deductible Medicare MSA Plan.
2. You set up an MSA with a bank the plan selects.
3. Medicare gives the plan an amount of money each year for your health care.
4. The plan deposits some money into your account.
5. You can use the money in your account to pay your health care costs, including health care costs that aren't covered by Medicare. When you use account money for Medicare-covered Part A and Part B services, it counts towards your plan's [deductible](#).
6. If you use all of the money in your account and you have additional health care costs, you'll have to pay for your Medicare-covered services out-of-pocket until you reach your plan's deductible.
7. During the time you're paying out-of-pocket for services before the deductible is met, doctors and other providers can't charge you more than the Medicare-approved amount.
8. After you reach your deductible, your plan will cover your Medicare-covered services. Read information from the plan for details about [out-of-pocket costs](#).
9. [Money left in your account at the end of the year](#) stays in the account, and may be used for health care costs in future years.
10. If you use funds from your account, you must include this [special form \[PDF, 89.4 KB\]](#) with information on how you used your account money when you file taxes.



A federal government website managed by the
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

