

2010 Medicare Advantage Plans - Sorted Alphabetically

Prepared by Southwest Missouri Office on Aging

1-800- 497-0822

Plan Name - Phone # and Hospital Preference	Plan Type	Covers Drugs	Premium	Network Out of Pocket Limit	Inpatient Daily \$	Dr. Office Visits	Outpatient Services/Surgery	Skilled Nursing	Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Durable Medical Equip.
AARP MedicareComplete Plus 1-800-547-5514 <i>Cox, Ozarks Community, or pay more for out-of-network</i>	HMO with POS Option	Yes	\$0.00	\$2,750 (applies to most services)	Days 1 - 16: \$175 copay per day Days 17 - 90: \$0 copay per day	\$20 copay for primary care & \$35 copay for specialist visit	20% for ambulatory surgical center & 20% for outpatient hospital facility visit	Days 1 - 28: \$100 copay per day Days 29 - 100: \$0 copay per day	\$10 for lab services, \$0-\$10 for diagnostic procedures and tests--\$16 for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Advantra Freedom 1-877-982-9125 <i>Cox, Ozarks Community</i>	Local PPO	Yes	\$0.00	\$4,000	Days 1 - 7: \$170 copay per day Days 8 - 90: \$0 copay per day	\$10-\$30 for primary care visit & \$30 for specialist visit	\$275 copay for ambulatory surgical center visit & \$275 copay for outpatient hospital facility visit	Days 1 - 7:\$0/day Days 8 - 23: \$170/day Days 24 - 100: \$0/day	\$10 for lab services, \$10 for diagnostic procedures and tests -- \$10 for X-rays \$400 for diagnostic radiology services 20% for therapeutic radiology services	20%
Anthem Medicare Preferred Standard 1-800-797-6427 <i>Cox, Ozarks Community, CMH, Skaggs</i>	Local PPO	Yes	\$18.00	\$4,500	Days 1-7: \$220/day Days 8-90: \$0/day \$1,540 OOP limit/yr	\$20-\$30 copay for primary care & \$30 copay for specialist visit	\$200 copay for ambulatory surgical center visit & \$30-\$200 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$128 copay per day	\$0 for lab services, \$0-\$125 for diagnostic procedures and tests--\$75-\$125 for X-rays \$75-\$125 for diagnostic radiology services 20% for therapeutic radiology services	20%
Anthem Medicare Preferred Select 1-800-797-6427 <i>Cox, Ozarks Community, CMH, Skaggs</i>	Local PPO	Yes	\$52.00	\$3,850	Days 1-5: \$175/day Days 6-90: \$0/per day \$875 OOP limit/yr	\$5-\$15 copay for primary care & \$15 copay for specialist visit	\$150 copay for ambulatory surgical center visit & \$15-\$150 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$115 copay per day	\$0 for lab services, \$0-\$125 for diagnostic procedures and tests-- \$75-\$125 for X-rays \$75-\$125 for diagnostic radiology services 20 % for therapeutic radiology services.	20%
Care Improvement Plus Gold Rx (Regional PPO) 1-800-711-1656 <i>St. John's, Ozarks Comm., w/dr. at Cox, Skaggs, CMH</i>	SNP: Chronic or disabling condition	Yes	\$0.00	\$3,400	Days 1 - 10: \$230 copay per day Days 11 - 90: \$0 copay per day	\$25 copay for primary care & \$40 copay for specialist visit	\$100 copay for ambulatory surgical center & \$100 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$130 copay per day	20% for lab services, diagnostic procedures, and tests -- 20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Care Improvement Plus GoldRx Advantage(PPO) 1-800-711-1656 <i>St. John's, Ozarks Comm., w/dr. at Cox, Skaggs, CMH</i>	SNP: Chronic or disabling condition	Yes	\$14.00	\$3,400	Days 1 - 10: \$215 copay per day Days 11 - 90: \$0 copay per day	\$15 copay for primary care & \$30 copay for specialist visit	\$100 copay for ambulatory surgical center visit & \$100 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	20% for lab services, 20% for diagnostic procedures and tests -- 20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Care Improvement Plus Silver Rx (Regional PPO) 1-800-711-1656 <i>St. John's, Ozarks Comm., w/dr. at Cox, Skaggs, CMH</i>	SNP: Chronic or disabling condition	Yes	\$33.20	Information not available	Information not available	20% for primary care visit & 20% for specialist visit	20% for each ambulatory surgical center visit & 20% for outpatient hospital facility visit	Information not available	20% for lab services, 20% for diagnostic procedures and tests -- 20% for X-rays 20% for diagnostic radiology services 20% for therapeutic radiology services	20%
Care Improvement Plus Medicare Advantage 1-800-711-1656 <i>St. John's, Ozarks Comm., w/dr. at Cox, Skaggs, CMH</i>	Regional PPO	Yes	\$37.00	\$3,400	Days 1 - 10: \$270 copay per day Days 11 - 90: \$0 copay per day	\$25 copay for primary care & \$40 copay for specialist visit	\$175 copay for ambulatory surgical center visit & \$175 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$130 copay per day	20% for lab services, 20% for diagnostic procedures and tests -- 20% for X-rays 20% for diagnostic radiology services 20% for therapeutic radiology services.	20%

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CIGNA Medicare Access Plan One 1-800-577-9409 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	NO	\$0.00	\$3600 (balanced billing of 0%-15% allowed by plan)	Days 1 - 6: \$230 copay per day Days 7 - 90: \$0 copay per day	\$15 copay for primary care & \$40 copay for specialist visit	\$40-\$250 for ambulatory surgical center visit & \$40-\$250 for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$125 copay per day	15% for lab services, 15% for diagnostic procedures and tests -- 15% for X-rays -- 15% for diagnostic radiology services -- 15% for therapeutic radiology services	15%
CIGNA Medicare Access Plus RX Plan Two 1-800-577-9409 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	Yes	\$20.00	\$3800 (balanced billing of 0%-15% allowed by plan)	Days 1 - 6: \$230 copay per day Days 7 - 90: \$0 copay per day	\$15 copay for primary care & \$45 copay for specialist visit	\$45-\$250 for ambulatory surgical center visit & \$45-\$250 for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$125 copay per day	15% for lab services, 15% for diagnostic procedures and tests -- 15% for X-rays -- 15% for diagnostic radiology services -- 15% for therapeutic radiology services	15%
CIGNA Medicare Access Plan Three 1-800-577-9409 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	NO	\$60.00	\$3400 (balanced billing of 0%-15% allowed by plan)	Days 1 - 6: \$100 copay per day Days 7 - 90: \$0 copay per day	\$10 copay for primary care & \$20 copay for specialist visit	\$20-\$100 for ambulatory surgical center visit & \$20-\$100 for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	15% for lab services, 15% for diagnostic procedures and tests -- 15% for X-rays -- 15% for diagnostic radiology services -- 15% for therapeutic radiology services	15%
CIGNA Medicare Access Plus RX Plan Four 1-800-577-9409 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	Yes	\$90.00	\$3000 (balanced billing of 0%-15% allowed by plan)	Days 1 - 6: \$50 copay per day Days 7 - 90: \$0 copay per day	\$10 copay for primary care & \$20 copay for specialist visit	\$20-\$50 for ambulatory surgical center visit & \$20-\$50 for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$50 copay per day	10% for lab services, 10% for diagnostic procedures and tests -- 10% for X-rays -- 10% for diagnostic radiology services -- 10% for therapeutic radiology services	10%
Evercare Plan MH (HMO) 1-888-834-3721 <i>Cox, Ozarks Community</i>	SNP: Chronic or disabling condition	Yes	\$25.00	\$2,750 (applies to most services)	Days 1 - 16: \$175 copay per day Days 17 - 90: \$0 copay per day	\$20 copay for primary care & \$35 copay for specialist visit	20% for ambulatory surgical center visit & 20% for outpatient hospital facility visit	Information not available	\$10 for lab services, \$0-\$10 for diagnostic procedures and tests -- \$16 for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
HumanaChoice R5826-067 1-800-833-2364 <i>St. John's, CMH, Skaggs, Texas. Co. Mem.</i>	Regional PPO	NO	\$0.00	\$3,400	Days 1 - 15: \$225 copay per day Days 16 - 90: \$0 copay per day	\$15 copay for primary care & \$35 copay for specialist visit	20% for ambulatory surgical center visit & 20%-25% for outpatient hospital facility visit	Days 1 - 14: \$0 copay per day Days 15 - 100: \$100 copay per day	\$0-\$35[or 25%] for lab services,\$15-\$35[or 20%-25%] for diagnostic procedures, tests, X-rays, & diagnostic radiology services-\$35[or 20%] for therapeutic radiology serv.	20%
Humana Gold Choice H2944-014 1-800-833-2312 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	Yes	\$20.00	\$5,000	Days 1 - 7: \$225 copay per day Days 8 - 90: \$0 copay per day	\$15-\$35 for primary care & \$35 copay for specialist visit	20% for ambulatory surgical center visit & 20%-25% for outpatient hospital facility visit	Days 1 - 14: \$0 copay per day Days 15 - 100: \$100 copay per day	\$0-\$35[or 25%] for lab services,\$15-\$35[or 20%-25%] for diagnostic procedures, tests, X-rays, & diagnostic radiology services-\$35[or 20%] for therapeutic radiology serv.	20%
HumanaChoice H1716-004 1-800-833-2364 <i>St. John's, CMH, Skaggs</i>	Local PPO	Yes	\$47.00	\$4,000	Days 1 - 8: \$215 copay per day Days 9 - 90: \$0 copay per day	\$10 copay for primary care & \$35 copay for specialist visit	\$175 for ambulatory surgical center visit & \$0-\$200 [or 20%] for outpatient hospital facility	Days 1 - 14: \$0 copay per day Days 15 - 100: \$80 copay per day	\$0-\$35 for lab services, \$10-\$50 for diagnostic procedures and tests--\$10-\$35 for X-rays--\$10-\$75 for diagnostic radiology services--\$35 for therapeutic radiology serv.	20%

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HumanaChoice R5826-010 1-800-833-2364 <i>St. John's, CMH, Skaggs, Texas. Co. Mem.</i>	Regional PPO	Yes	\$113.00	\$5,000	Days 1 - 7: \$225 copay per day Days 8 - 90: \$0 copay per day	\$15 copay for primary care & \$35 copay for specialist visit	20% for ambulatory surgical center visit & 20%-25% for outpatient hospital facility visit	Days 1 - 14: \$0 copay per day Days 15 - 100: \$100	\$0-\$35[or 25%] for lab services,\$15-\$35[or 20%-25%] for diagnostic procedures, tests, X-rays, & diagnostic radiology services-\$35[or 20%] for therapeutic radiology serv.	20%
Mercy MedicareAdvantage Silver 1-800-330-8449 <i>St. John's, CMH, Skaggs</i>	Local PPO	Yes	\$0.00	\$3,000 (applies to most services)	\$625 copay for each hospital stay	\$10 copay for primary care & \$35 copay for specialist visit	\$150 copay for ambulatory surgical center visit & \$150 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$120 copay per day	0% for lab services, 20% for diagnostic procedures and tests -- 0% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Mercy MedicareADVANTAGE (no drug) 1-800-481-4466 <i>St. John's, CMH, Skaggs</i>	HMO	NO	\$0.00	\$3,000	\$0 copay & \$500 out of pocket limit every year	\$10 copay for primary care & \$30 copay for specialist visit	\$100 copay for ambulatory surgical center visit & \$100 copay for outpatient hospital facility visit	Days 1 - 30: \$0 copay per day Days 31 - 100: \$100 copay per day	0% for lab services, 20% for diagnostic procedures and tests -- 20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Mercy MedicareADVANTAGE 1-800-481-4466 <i>St. John's, CMH, Skaggs</i>	HMO	Yes	\$22.00	\$3,000 (applies to most services)	\$0 copay & \$500 out of pocket limit every year	\$10 copay for primary care & \$30 copay for specialist visit	\$100 copay for ambulatory surgical center visit & \$100 copay for outpatient hospital facility visit.	Days 1 - 30: \$0 copay per day Days 31 - 100: \$100 copay per day	0% for lab services, 20% for diagnostic procedures and tests -- 20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Mercy MedicareADVANTAGE Gold (no drug) 1-800-330-8449 <i>St. John's, CMH, Skaggs</i>	Local PPO	NO	\$61.00	\$4,800	\$0 copay	\$0 copay for primary care & \$5 copay for specialist visit	\$0 for ambulatory surgical center visit & \$0 for outpatient hospital facility visit	\$0 copay	\$0 copay for lab services, diagnostic procedures, and tests -- 0% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Mercy MedicareADVANTAGE Gold 1-800-330-8449 <i>St. John's, CMH, Skaggs</i>	Local PPO	Yes	\$129.00	\$4,800	\$0 copay	\$0 copay for primary care & \$5 copay for specialist visit	\$0 copay for ambulatory surgical center visit & \$0 copay for outpatient hospital facility visit	\$0 copay	0% for lab services, 0% for diagnostic procedures and tests -- 0% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Ozark Health Plan - Plus 1-800-658-3518 <i>St. John's, CMH, Skaggs</i>	HMO	Yes	\$0.00	\$4,450	Days 1 - 5: \$175 copay per day Days 6 - 90: \$0 copay per day	\$0 copay for primary care & \$30 copay for specialist visit	\$100 copay for ambulatory surgical center & \$200 copay [or 20 %] for outpatient hospital facility	Days 1 - 10: \$0 copay per day Days 11 - 100: \$90 copay per day	\$0 copay lab services, diagnostic procedures, and tests -- 10% for X-ray -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Ozark Health Plan - Enhanced 1-800-658-3518 <i>St. John's, CMH, Skaggs</i>	HMO	Yes	\$34.30	Information not available	Information not available	\$0 copay for primary care & \$10 for each specialist visit	20% for ambulatory surgical center visit & 20% for outpatient hospital facility visit	Information not available	\$0 copay for lab services, diagnostic procedures, and tests -- 20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%

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Ozark Health Plan - Plus Point 1-800-658-3518 <i>St. John's, CMH, Skaggs, or pay more for out-of-network</i>	HMO with POS Option	Yes	\$35.00	\$2,950	Days 1 - 5: \$165 copay per day Days 6 - 90: \$0 copay per day	\$0 copay for primary care & \$30 copay for specialist visit	\$100 copay for ambulatory surgical center visit & \$200 copay [20%] for outpatient hospital facility visit	Days 1 - 10: \$0 copay per day Days 11 - 100: \$35 copay per day	\$0 copay for lab services, diagnostic procedures, and tests --10% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
SecureHorizons MedicareDirect Plan 1 1-800-555-5757 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	NO	\$0.00	\$4,250 (applies to most services)	Days 1 - 7: \$225 copay per day Days 8 - 90: \$0 copay per day	\$15 copay for primary care & \$30 copay for specialist visit	20% for ambulatory surgical center visit & 20% for outpatient hospital facility visit	Days 1 - 30: \$95 copay per day Days 31 - 100: \$0 copay per day	\$10 for lab services, \$0-\$10 for diagnostic procedures and tests -- \$16 for X-rays 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
SecureHorizonsMedicare Direct Rx Plan 51 1-800-555-5757 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	Yes	\$20.00	\$4,600 (applies to most services)	Days 1 - 7: \$250 copay per day Days 8 - 90: \$0 copay per day	\$15 copay for primary care & \$30 copay for specialist visit	20% for ambulatory surgical center visit & 20% for outpatient hospital facility visit	Days 1 - 26: \$110 copay per day Days 27 - 100: \$0 copay per day	\$10 for lab services, \$0-\$10 for diagnostic procedures and tests -- \$16 for X-rays 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
SmartValue Classic 1-800-797-6405 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	NO	\$15.00	\$5000 (balanced billing of 0%-15% allowed by plan)	Days 1-6: \$280/day Days 7-90: \$0/day \$1,600 OOP limit/year	\$25-\$35 copay for primary care & \$35 copay for specialist visit	\$35-\$200 for ambulatory surgical center visit & \$35-\$250 for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$130 copay per day	\$35 copay for lab services, \$75-\$125 for diagnostic procedures, tests, & X-rays-- \$75-\$125 for diagnostic radiology services-- 20% for therapeutic radiology services	20%
SmartValue Plus 1-800-797-6405 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	Yes	\$42.50	\$5000 (balanced billing of 0%-15% allowed by plan)	Days 1 - 6: \$280 copay per day Days 7 - 90: \$0 copay per day	\$25-\$35 for primary care & \$35 copay for specialist visit	\$35-\$200 for ambulatory surgical center visit & \$35-\$250 for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$130 copay per day	\$35 copay for lab services, \$75-\$125 for diagnostic procedures, tests, & X-rays-- \$75-\$125 for diagnostic radiology services-- 20% for therapeutic radiology services	20%
Sterling Basic Plus 1-888-858-8572 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	NO	\$39.00	\$5,000	Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day	\$20 copay for primary care & \$40 copay for specialist visit	15% for ambulatory surgical center visit & 15% for outpatient hospital facility visit	Days 1 - 10: \$0 copay per day Days 11 - 100: \$50 copay per day	0% for lab services, 0% for diagnostic procedures and tests -- 15% for X-rays -- 15% for diagnostic radiology services -- 15% for therapeutic radiology services	20%
Sterling Option I 1-888-858-8572 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	NO	\$59.00	N/A	Days 1 - 5: \$150 copay per day Days 6 - 90: \$0 copay per day	\$20 copay for primary care & \$40 copay for specialist visit	10% for ambulatory surgical center visit & 10% for outpatient hospital facility visit	Days 1 - 10: \$0 copay per day Days 11 - 100: \$50 copay per day	0% for lab services, 0% for diagnostic procedures and tests -- 10% for X-rays -- 10% for diagnostic radiology services -- 10% for therapeutic radiology services	20%
Sterling Option II 1-888-858-8572 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	Yes	\$99.00	N/A	Days 1 - 5: \$150 copay per day Days 6 - 90: \$0 copay per day	\$20 copay for primary care & \$40 copay for specialist visit	15% for ambulatory surgical center visit & 15% for outpatient hospital facility visit	Days 1 - 10: \$0 copay per day Days 11 - 100: \$50 copay per day	0% for lab services, 0% for diagnostic procedures and tests -- 15% for X-rays -- 15% for diagnostic radiology services -- 15% for therapeutic radiology services	20%

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Sterling Option IV 1-888-858-8572 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	Yes	\$119.00	\$4,000	Days 1 - 5: \$150 copay per day Days 6 - 90: \$0 copay per day	\$20 copay for primary care & \$40 copay for specialist visit	15% for ambulatory surgical center visit & 15% for outpatient hospital facility visit	Days 1 - 10: \$0 copay per day Days 11 - 100: \$50 copay per day	0% for lab services, 0% for diagnostic procedures and tests -- 15% for X-rays -- 15% for diagnostic radiology services -- 15% for therapeutic radiology services	20%
Today's Options Value 1-800-996-8867 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	NO	\$0.00	\$3,400	Days 1 - 5: \$300 copay per day Days 6 - 90: \$0 copay per day	\$20-\$35 for primary care & \$45 copay for specialist visit	\$145 copay for ambulatory surgical center visit & \$245 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	\$0 copay for lab services, diagnostic procedures, and tests --20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Today's Options Premier 1-800-996-8867 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	NO	\$0.00	\$3,250	Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day	\$10-\$35 copay for primary care & \$35 copay for specialist visit	\$75 copay for ambulatory surgical center visit & \$150 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	\$0 copay for lab services, diagnostic procedures, and tests --20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Today's Options Advantage 1 powered by CCRx 1-866-422-1967 <i>Cox, Ozarks Community</i>	Local PPO	Yes	\$0.00	\$3,250	Days 1 - 5: \$175 copay per day Days 6 - 90: \$0 copay per day	\$10 copay for primary care & \$35 copay for specialist visit	\$75 copay for ambulatory surgical center visit & \$150 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	\$0 copay for lab services, diagnostic procedures and tests -- 20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Today's Options Advantage 2 powered by CCRx 1-866-422-1967 <i>Cox, Ozarks Community</i>	Local PPO	Yes	\$11.00	\$3,400	Days 1 - 5: \$300 copay per day Days 6 - 90: \$0 copay per day	\$10 copay for primary care & \$45 copay for specialist visit	\$145 copay for ambulatory surgical center visit & \$245 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	0% for lab services, 0% for diagnostic procedures and tests -- 20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Today's Options Value powered by CCRx 1-800-996-8867 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	Yes	\$21.00	\$3,400	Days 1 - 5: \$300 copay per day Days 6 - 90: \$0 copay per day	\$20-\$35 copay for primary care & \$45 copay for specialist visit	\$145 copay for ambulatory surgical center visit & \$245 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	0% for lab services, 0% for diagnostic procedures and tests -- 20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Today's Options Advantage 3 powered by CCRx 1-866-422-1967 <i>Cox, Ozarks Community</i>	Local PPO	Yes	\$48.00	\$3,250	Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day	\$0 copay for primary care & \$35 copay for specialist visit	\$75 copay for ambulatory surgical center visit & \$150 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	0% for lab services, 0% for diagnostic procedures and tests -- 20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%
Today's Options Premier powered by CCRx 1-800-996-8867 <i>Any doctor or hospital that accepts the terms of the plan</i>	PFFS	Yes	\$58.00	\$3,250	Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day	\$10-\$35 for primary care & \$35 copay for specialist visit	\$75 copay for ambulatory surgical center visit & \$150 copay for outpatient hospital facility visit	Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	\$0 copay for lab services, diagnostic procedures, and tests --20% for X-rays -- 20% for diagnostic radiology services -- 20% for therapeutic radiology services	20%

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