

2019 New York City Medicare Advantage Plans with Drug Coverage - QUEENS NY

Data as of September 5, 2018. Includes 2019 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

** 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

Organization Name	Plan Name	Type of Medicare Health Plan	Part D Basic premium	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Added Gap Coverage	Drug Benefit Type Detail	Contract ID	Plan ID	Segment ID	In-network MOOP Amount **	Premium Change from 2018	Deductible change from 2018	MOOP Change from 2018
UnitedHealthcare	AARP MedicareComplete Mosaic (HMO)	Local HMO	\$0.00	\$ -	\$ 295.00	Enhanced	No	EA	H3307	015	0	\$ 6,700	same	same	\$500
UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	\$27.20	\$ 46.00	\$ 395.00	Enhanced	No	EA	H3307	002	0	\$ 6,700	(\$1.00)	\$100	same
UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	\$24.00	\$ 26.00	\$ 415.00	Enhanced	No	EA	H3379	001	0	\$ 6,700	(\$1.00)	\$85	same
QUALITY HEALTH PLANS	Advantage Silver - NY City (HMO)	Local HMO		\$ -	\$ -	Enhanced	Yes	EA	H2773	020	0	\$ 6,590	same	same	same
Aetna Medicare	Aetna Medicare Elite Plan (PPO)	Local PPO	\$0.00	\$ -	\$ 245.00	Enhanced	Yes	EA	H5521	120	0	\$ 6,700	same	(\$5.00)	same
Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	\$23.20	\$ 74.00	\$ 195.00	Enhanced	Yes	EA	H5521	040	0	\$ 6,700	NEW		
Aetna Medicare	Aetna Medicare Value Plan (HMO) (changed name from "Select P	Local HMO		\$ -	\$ 195.00	Enhanced	Yes	EA	H3312	063	0	\$ 6,700	same	(\$5.00)	same
Affinity Health Plan	Affinity Medicare Passport Essentials NYC (HMO)	Local HMO	\$0.00	\$ -	\$ 295.00	Enhanced	Yes	EA	H5991	006	0	\$ 5,700	same	\$45	same
AgeWell New York	AgeWell New York LiveWell (HMO)	Local HMO	\$19.00	\$ 19.00	\$ 275.00	Enhanced	Yes	EA	H4922	011	0	\$ 6,700	\$19	\$50	same
AgeWell New York	AgeWell New York PlanWell (HMO)	Local HMO	\$33.10	\$ 86.00	\$ 250.00	Enhanced	Yes	EA	H4922	008	0	\$ 6,700	NEW		
Bright Health	Bright Advantage (HMO)	Local HMO	\$39.00	\$ -	\$ 200.00	Enhanced	No	EA	H2288	001	0	\$ 6,200	NEW		
Bright Health	Bright Advantage Assist (HMO)	Local HMO		\$ 39.00	\$ 415.00	Basic	No	DS	H2288	005	0	\$ 6,500	NEW		
Bright Health	Bright Advantage Flex (PPO)	Local PPO	\$0.00	\$ -	\$ 200.00	Enhanced	No	EA	H9516	001	0	\$ 6,500	NEW		
Bright Health	Bright Advantage Flex Plus (PPO)	Local PPO	\$70.30	\$ 110.00	\$ -	Enhanced	No	EA	H9516	002	0	\$ 4,900	NEW		
Bright Health	Bright Advantage Plus (HMO)	Local HMO	\$7.00	\$ 55.00	\$ -	Enhanced	No	EA	H2288	002	0	\$ 4,900	NEW		
Centers Plan for Healthy Living	Centers Plan for Medicare Advantage Care (HMO)	Local HMO	\$0.00	\$ -	\$ 395.00	Enhanced	No	EA	H6988	001	0	\$ 6,700	same	\$395	same
Elderplan	Elderplan Extra Help (HMO)	Local HMO	\$39.30	\$ 39.30	\$ 415.00	Basic	No	DS	H3347	009	0	\$ 6,700	\$0.30	\$10.00	same
EmblemHealth Medicare HMO	EmblemHealth VIP Essential (HMO)	Local HMO	\$0.00	\$ -	\$ 250.00	Enhanced	No	EA	H3330	032	1	\$ 6,700	same	same	same
EmblemHealth Medicare HMO	EmblemHealth VIP Go (HMO-POS)	Local HMO	\$30.50	\$ 68.00	\$ 250.00	Enhanced	No	EA	H3330	041	1	\$ 6,700	NEW		
EmblemHealth Medicare HMO	EmblemHealth VIP Gold (HMO)	Local HMO	\$43.90	\$ 88.50	\$ 200.00	Enhanced	No	EA	H3330	021	1	\$ 6,700	\$10.50	same	same
EmblemHealth Medicare HMO	EmblemHealth VIP Gold Plus (HMO)	Local HMO	\$51.10	\$ 298.00	\$ 200.00	Enhanced	No	EA	H3330	038	0	\$ 6,700	\$1.00	same	same
EmblemHealth Medicare HMO	EmblemHealth VIP Part B Saver (HMO)	Local HMO	\$0.00	\$ -	\$ 415.00	Enhanced	No	EA	H3330	040	0	\$ 6,700	NEW		
EmblemHealth Medicare HMO	EmblemHealth VIP Value (HMO)	Local HMO	\$0.00	\$ -	\$ 250.00	Enhanced	No	EA	H3330	036	0	\$ 6,700	same	same	same
Empire BlueCross BlueShield	Empire MediBlue Plus (HMO)	Local HMO		\$ -	\$ 350.00	Enhanced	Yes	EA	H8432	008	6	\$ 6,700	same	same	same
Empire BlueCross BlueShield	Empire MediBlue Select (HMO)	Local HMO		\$ -	\$ 350.00	Enhanced	Yes	EA	H8432	027	0	\$ 6,400	NEW		
Healthfirst Medicare Plan	Healthfirst 65 Plus Plan (HMO)	Local HMO	\$0.00	\$ -	\$ 350.00	Enhanced	No	EA	H3359	001	0	\$ 6,700	same	\$350	same
Healthfirst Medicare Plan	Healthfirst Increased Benefits Plan (HMO)	Local HMO	\$39.30	\$ 39.30	\$ 415.00	Basic	No	DS	H3359	019	0	\$ 6,700	\$9.60	\$10	same
Humana	Humana Gold Plus H3533-021 (HMO)	Local HMO	\$21.00	\$ 21.00	\$ 200.00	Enhanced	No	EA	H3533	021	0	\$ 6,500	(\$5.00)	same	same
Humana	Humana Gold Plus H3533-023 (HMO)	Local HMO	\$16.60	\$ 67.00	\$ -	Enhanced	No	EA	H3533	023	0	\$ 3,300	same	same	same
Humana	Humana Gold Plus H3533-027 (HMO)	Local HMO	\$0.00	\$ -	\$ 400.00	Enhanced	No	EA	H3533	027	0	\$ 6,700	same	same	same
Humana	HumanaChoice H5970-021 (PPO)	Local PPO	\$0.00	\$ -	\$ 350.00	Enhanced	No	EA	H5970	021	0	\$ 6,700	NEW		
Humana	HumanaChoice H5970-022 (PPO)	Local PPO	\$20.10	\$ 95.00	\$ -	Enhanced	No	EA	H5970	022	0	\$ 3,500	NEW		
Humana	HumanaChoice H5970-023 (PPO)	Local PPO	\$20.30	\$ 199.00	\$ -	Enhanced	No	EA	H5970	023	0	\$ 3,000	NEW		
MetroPlus Health Plan	MetroPlus Platinum (HMO)	Local HMO	\$65.90	\$ 253.50	\$ 415.00	Basic	No	DS	H0423	004	0	\$ 6,700	(\$0.70)	\$10	same
UnitedHealthcare	UnitedHealthcare MedicareComplete Choice Plan 1 (Regional PPO)	Regional PPO	\$16.00	\$ 16.00	\$ 350.00	Enhanced	No	EA	R5342	001	0	\$ 6,700	(\$1.00)	same	same
UnitedHealthcare	UnitedHealthcare MedicareComplete Choice Plan 3 (Regional PPO)	Regional PPO	\$21.20	\$ 46.00	\$ 275.00	Enhanced	No	EA	R5342	005	0	\$ 6,700	(\$1.00)	\$50	same
UnitedHealthcare	UnitedHealthcare MedicareComplete Choice Plan 4 (Regional PPO)	Regional PPO	\$33.60	\$ 76.00	\$ 150.00	Enhanced	No	EA	R5342	006	0	\$ 6,700	(\$1.00)	\$50	\$1,300
WellCare	WellCare Choice (HMO)	Local HMO (was HMO-POS 2018)	\$0.00	\$ -	\$ -	Enhanced	Yes	EA	H4868	012 (was 137)	2	\$ 6,700	same	same	same
WellCare	WellCare Preferred (HMO)	Local HMO (was HMO-POS 2018)	\$8.00	\$ 53.00	\$ -	Enhanced	Yes	EA	H4868	010 (was 135)	0	\$ 6,700	same	same	same
WellCare	WellCare Rx (HMO)	Local HMO	\$14.70	\$ 14.70	\$ 415.00	(was basic)	Yes	EA	H4868	130)	3	\$ 5,000	\$0.20	\$10	same