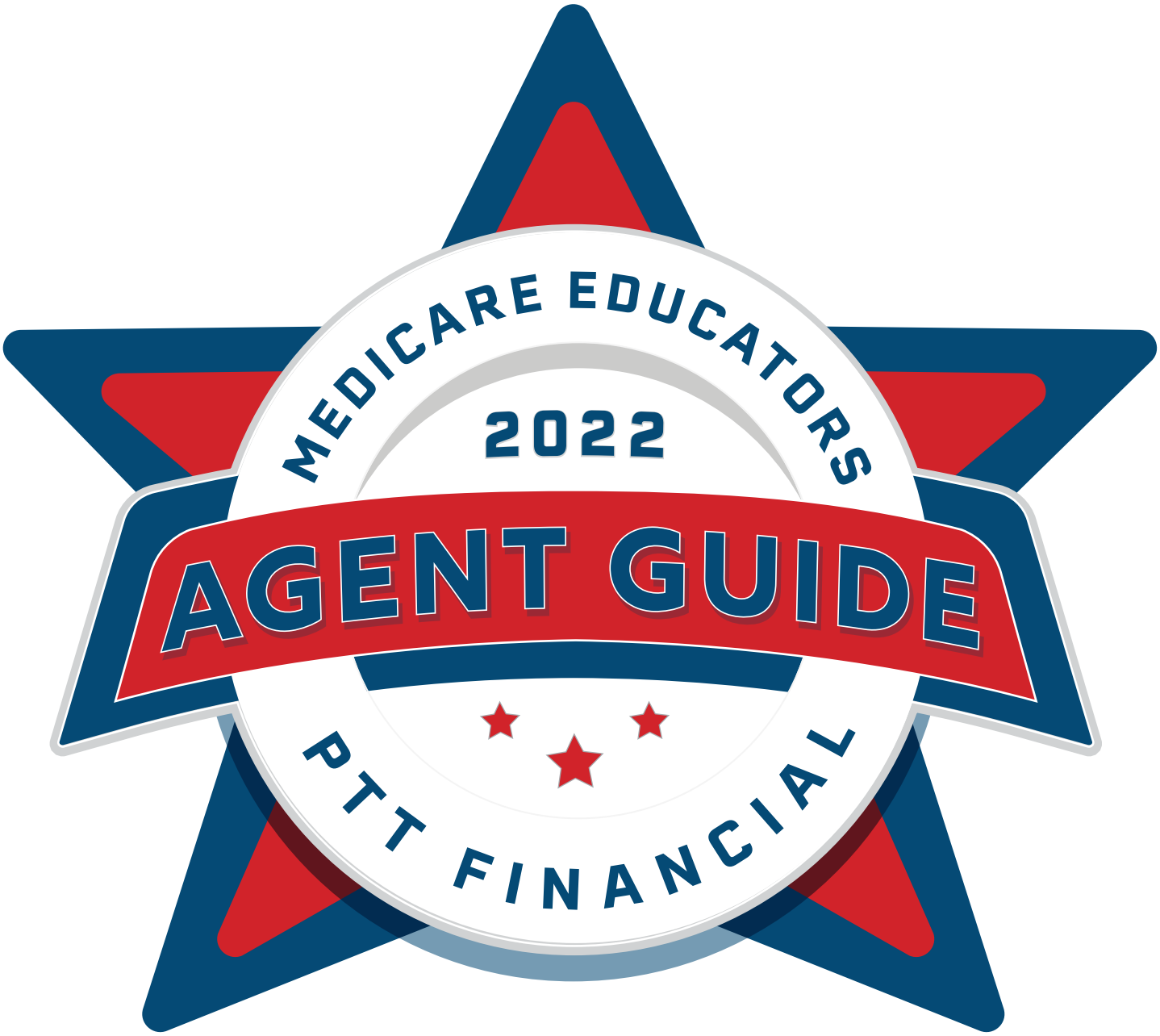

MEDICARE EDUCATORS

Office: 956-440-8408 | Fax: 956-440-7574
410 E Harrison Ave Harlingen, TX 78550

PTT Staff
CEO: Alberto Robledo: arobledo@pttfinancial.com

CFO: Wally Gomez: wgomez@pttfinancial.com

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Compliance Department:

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compliance@pttfinancial.com

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Receptionist
Sandra Mendiola:
smendiola@pttfinancial.com
Office #: 956-440-8408 Fax# 956-440-7574
410 E Harrison Ave Harlingen, TX 78550

MEDICARE EDUCATORS

OPTION 1: **Medicare A+B+D** – Here's What You Pay

	Premium	You Pay (Deductible / Out-of-Pocket Costs)	Medicare Pays
Medicare Part A Hospital	**$0**	**$1,484** deductible	**100%** for hospital billed services
Medicare Part B Doctors	**$148.50**	**$203** deductible + 20%	**80%** after the deductible is met
Medicare Part D Prescriptions	**Premium Varies** **$33.06** is National Average	**$455** deductible Costs vary by tier (1-5)	

OPTION 2: **Medicare C** – Here's What You Pay

	Premium	Covers	You Pay (Deductible / Out-of-Pocket Costs)
Medicare Part C Medicare Advantage Plan	$_____	• Hospital (Replaces Part A) • Doctors (Replaces Part B) • Gym • OTC • Transportation • Life Alert	No additional deductible or co-pays
		May Also Cover	**You Pay** (Deductible / Out-of-Pocket Costs)
		• Prescriptions (Replaces Part D) • Dental • Vision • Hearing Aids • Other perks	Costs vary according to plan & service

*Not For Distribution

MEDICARE

Saving Program

QMB: Helps pay for Part A Deductible, Part B Premium, deductible and coinsurance

Income	**$1,084**	**Income**	**$1,457**
Resources	**$7,860**	**Resources**	**$11,800**

SLMB: Helps pay for Part B premium AND assists with provider services if needed

Income	**$1,296**	**Income**	**$1,744**
Resources	**$7,860**	**Resources**	**$11,800**

QL-1: Helps pay for either Part B premium OR assists with provider services

Income	**$1,456**	**Income**	**$1,960**
Resources	**$7,860**	**Resources**	**$11,800**

QDWI: Pays Part A Premium Only

Income	**$4,339**	**Income**	**$5,833**
Resources	**$4,000**	**Resources**	**$6,000**

QMB: Helps to lower prescription drug costs

Monthly Income	**$1,595**	**Monthly Income**	**$2,155**
Resources	**$14,510**	**Resources**	**$29,160**

Part A Deductible **$1,408**	**Part B Premium** **$144.60 monthly**	**Part B Deductible** **$198 annually**	**Part B coinsurance 20%**

MEDICARE EDUCATORS

Office: 956-440-8408 | Fax: 956-440-7574
410 E Harrison Ave Harlingen, TX 78550

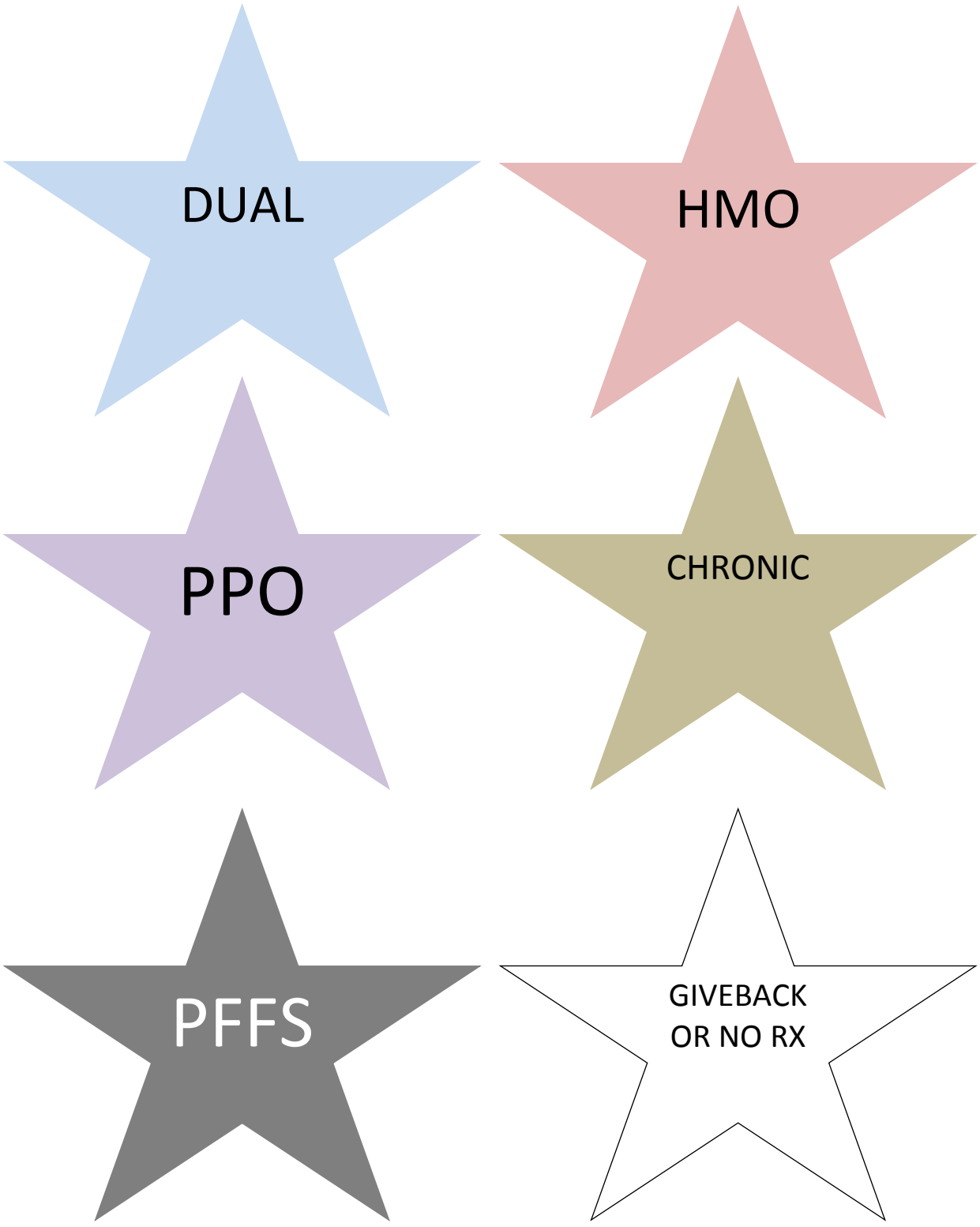
2021 COSTS AT-A-GLANCE	
Part A premium	Most people don't pay a monthly premium for Part A (sometimes called "premium-free Part A"). If you buy Part A, you'll pay up to $471 each month in 2021. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is $471. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is $259.
Part A hospital inpatient deductible and coinsurance	**You pay:** • $1,484 deductible for each benefit period • Days 1-60: $0 coinsurance for each benefit period • Days 61-90: $371 coinsurance per day of each benefit period • Days 91 and beyond: $742 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) • Beyond lifetime reserve days: all costs
Part B premium	The standard Part B premium amount is $148.50 (or higher depending on your income).
Part B deductible and coinsurance	$203. After your deductible is met, you typically pay 20% of the Medicare-Approved Amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment (dme)
Part C premium	The Part C monthly premium varies by plan. Compare costs for specific Part C plans.
Part D premium	The Part D monthly premium varies by plan (higher-income consumers may pay more). Compare costs for specific Part D plans.

Source: https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance

MEDICARE EDUCATORS

Office: 956-440-8408 | Fax: 956-440-7574
410 E Harrison Ave Harlingen, TX 78550

PLAN COLOR GUIDE



MEDICARE EDUCATORS

Office: 956-440-8408 | Fax: 956-440-7574
410 E Harrison Ave Harlingen, TX 78550

Important Information

Broker Services Email: brokersupport@aetna.com

Broker Services #: 1-866-714-9301

Agent Website: https://www.aetna.com/producer_public

Certification Website:

https://aetna.cmpsystem.com/ext/ahip/login.php

Marketing Material: https://www.aetnahub.com/mms/

Consumer Website: https://www.aetnamedicare.com

Consumer Number: 1-800-282-5366

Application Submission Process

Telescope Line: 1-844-334-2247

Fax: 1-866-756-5514

Online: The Ascend Virtual Sales Office App –

https://arm.ascendproject.com/Login.aspx

Broker Manager

Brenda Tellez 956-893-1374 - tellezb@aetna.com

Laredo: Celine Benzaquen 210-400-6017

benzaquenc@aetna.com

Medicare Marketing Coordinator:

Amanda Zavala 956-357-4837 - Zavalaa1@aetna.com

Dental

Aetna Dental: www.aetnamedicare.com

1-866-690-4916

Vision

Eyemed: www.eyemed.com

1-866-714-9301

Hearing

Nations Hearing: www.nationshearing.com/hapmedicare

1-877-484-7977

Fitness

Silver Sneakers: www.silversneakers.com

1-866-584-7389

OTC

www.cvs.com/otchs/myorder

1-833-331-1573

In Store Options:

https://www.cvs.com/otchs/myorder/storelocator

Company	Aetna		Aetna		Aetna
Plan	Choice PPO		Plus PPO		Dual HMO
Plan Code	H3288-009		H3288-012		H8597-001
Counties	Cameron, Hidalgo, Maverick, Starr, Webb		Cameron, Hidalgo, Starr, Webb		Cameron, Hidalgo, Nueces, Webb, Willacy
Network	Open Access, No Referrals		Open Access, No Referrals		Open Access, No Referrals
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Monthly Plan Premium	$0 - You must contnue to pay Part B		$0 ($79 monthly Part B Giveback)		$0 - You must contnue to pay Part B
Deductible	$0	$0	$0	$0	$0
Maximum Out-of-Pocket	$6,000	$11,300	$7,550	$11,300	$0
Inpatient Hospital Coverage	$300 per day, days 1-5; $0 per day, days 6-90	40% per stay	$335 per day, days 1-6 $0 per day, days 7-90	50% per stay	$0
Ambulance	$290	$290	$285	$285	$0
Emergency Care (Worldwide)	$90	$90	$90	$90	$0
Urgent Care	$0- $65	$0 - $65	$0- $65	$0- $65	$0
Outpatient Surgery	$25 - $250	40%	$50 -$325	50%	$0
Lab	$0	40%	$0	50%	$0
X-Rays	$25	40%	$50	50%	$0
Diagnostic Radiology	$325	40%	$375	50%	$0
Primary Care	$0	40%	$0	50%	$0
Specialists	$25	40%	$50	50%	$0
Physical/Occupational/Speech Therapy	$40	40%	$40	50%	$0
Preventive Care	$0	0% to 40%	$0	0%-50%	$0
Rx Deductible	$200 - T4 &T5		$300 - T3/T4/T5		$0
Preferred Retail	$0/$0/$47/$100/29%		$0/$0/$47/$100/28%		$0
Standard Retail	$15/$20/$47/$100/29%		$15/$20/$47/$100/28%		$0
Mail Order - 100 Days	$0/$0/$141/$300		$0/$0/$141/$300		$0
Fitness	$0 - Silver Sneakers		$0 - Silver Sneakers		$0 - Silver Sneakers
Dental Allowance	$2000 Allowance		Preventative Only		$4,500 Allowance
Hearing Allowance	NOT COVERED		NOT COVERED		$1,250 per ear every year
Vision Allowance	$100 Allowance		$100 Allowance		$510 Allowance
Transportation	NOT COVERED		NOT COVERED		40 one way trips
OTC Benefit	$75 Quarterly		NOT COVERED		$225 quarterly

BlueCross BlueShield

Important Information

Broker Services: 1-888-706-0583

Agent Website: https://www.bcbstx.com/producer/

Certification Website: https://hcsc.cmpsystem.com

Marketing Materials:

https://www.bcbstx.com/producer/

Consumer Website:

https://www.bcbstx.com/medicare/

Consumer Number: 1-877-774-8592

Application Submission Process:

Fax: 1-855-895-4747

Online: https://www.bcbstx.com/producer/

Broker Manager

Daisy Barrera 210-307-0502

daisy_v_barrera@bcbstx.com

BlueCross BlueShield

Dental

Dental Network of America: www.dnoa.com
1-800-972-7565

Vision

Eyemed: www.eyemed.com
1-888-706-0583

Hearing

TruHearing: 1-800-334-1807

Fitness

Silver Sneakers: www.silversneakers.com
1-866-584-7389

OTC

Convey Health Solutions: www.mytxotc.com
1-855-828-8300

Company	BCBS	BCBS
Plan	Basic	Value
Plan Code	HMO	HMO
Counties	Cameron, Hidalgo, Willacy	Cameron, Hidalgo, Willacy
Network	Referrals Required	Referrals Required
Monthly Plan Premium	$0 - You must continue to pay Part B	$0 - You must continue to pay Part B
Deductible	$0	$0
Maximum Out-of-Pocket	$3,400	$3,200
Inpatient Hospital Coverage	$350 copay per stay	$200 Per Day, Days 1-6
Ambulance	$295	$295
Emergency Care (Worldwide)	$120	$120
Urgent Care	$30	$35
Outpatient Surgery	$200-$150	$150 - $225
Lab	$0 - $50	$0 - $50
X-Rays	$0 - $100	$0 - $100
Diagnostic Radiology	$250 - $300	$175 - $250
Primary Care	$0	$0
Specialists	$30	$25
Physical/Occupational/Speech Therapy	$35	$25
Preventive Care	$0	$0
Part D Deductible	$480 T3, T4, & T5	$0
Preferred Retail	$0/$10/$47/$100/25%	$0/$10/$47/$100/33%
Preferred Mail Order - 90 Days	$0/$20/$94/$300	$0/$20/$94/$300
Standard Retail	$10/$20/$47/$100/25%	$10/$20/$47/$100/33%
Standard Mail Order - 90 Days	$20/$40/$94/$300	$20/$40/$94/$300
Fitness	$0 - Silver Sneakers	$0 - Silver Sneakers
Dental Allowance	Not Covered	$2,000 Allowance
Hearing Allowance	$699 - $ 999 copay up to 1 per ear per year	$699 - $ 999 copay up to 1 per ear per year
Vision Allowance	$130 Allowance	$150 Allowance
Transportation	12 One-way Trips	24 One-way Trips
OTC Benefit	Not Covered	$100 Quarterly

BlueCross BlueShield

Company	BCBS		BCBS		BCBS	
Plan	Choice Plus		Classic PPO		Classic PPO	
Plan Code	PPO		PPO		PPO	
Counties	Cameron, Hidalgo, Willacy		Cameron, Hidalgo, Willacy		Cameron, Hidalgo, Willacy	
Network	Referrals Required		No Referrals Required		No Referrals Required	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Monthly Plan Premium	$20 - You must continue to pay Part B		You must continue to pay Part B		$215 - You must continue to pay Part B	
Deductible	$0	$750	$0	$750	$0	$0
Maximum Out-of-Pocket	$7,550	$11,300	$5,900	$11,300	$0	$0
Inpatient Hospital Coverage	$375 copay per days 1-5	50%	$375 copay per days 1-5	50%	0%	0%
Ambulance	$350	50%	$300	50%	0%	0%
Emergency Care (Worldwide)	$90	50%	$90	50%	0%	0%
Urgent Care	$40	50%	$40	50%	0%	0%
Outpatient Surgery	$0 - $350	50%	$350	50%	0%	0%
Lab	$0 - $50	50%	$5 - $50	50%	0%	0%
X-Rays	$15 - $100	50%	$15 - $100	50%	0%	0%
Diagnostic Radiology	$180 - $250	50%	$180 - $250	50%	0%	0%
Primary Care	$5	50%	$0	50%	0%	0%
Specialists	$40	50%	$50	50%	0%	0%
Physical/Occupational/Speech Therapy	$40	50%	$50	50%	0%	0%
Preventive Care	$0	50%	$0	50%	0%	0%
Part D Deductible	**$350 Tiers 3, 4, & 5**		**$350 Tiers 3, 4, & 5**		**$480 Tiers 3, 4, & 5**	
Preferred Retail	$0/$10/$47/$100/27%		$0/$10/$47/$100/27%		$0/$5/$44/33%/25%	
Preferred Mail Order - 90 Days	$0/$20/$94/$300/27%		$0/$20/$94/$300		$0/$15/$132/33%	
Standard Retail	$10/$20/$47/$100/27%		$10/$20/$47/$100/27%		$15/$20/$47/38%/25%	
Standard Mail Order - 90 Days	$20/$40/$94/$300		$20/$40/$94/$300		$45/$60/$141/38%	
Fitness	Silver Sneakers		Silver Sneakers		Silver Sneakers	
Dental Allowance	$500 Allowance		Not Covered		Not Covered	
Hearing Allowance	$1,000 Allowance		$1,000 Allowance		Not Covered	
Vision Allowance	$100 Allowance		$125 Allowance		Not Covered	
Transportation	Not Covered		Not Covered		Not Covered	
OTC Benefit	Not Covered		Not Covered		Not Covered	

Important Information

Broker Services (CARL): 1-866-442-7516

Agent Website: https://cignaforbrokers.com/web/login

Certification Website:
www.cignamedicareproducers.com

Marketing Material: https://cigna.corpmerchandise.com

Enrollment Kits: www.cignaforbrokers.com
Select Custom Point

Consumer Website: https://www.cigna.com/medicare/

Consumer Number: 1-800-668-3813

Application Submission Enrollment

Telescope Line: 1-866-398-6055

Fax:1-877-818-8163

Online Enrollment Tool: www.cignaforbrokers.com
Select Connecture DRx

Broker Manager

Lupita Trevino 956-238-8194

maria.trevino@cigna.com

Dental

Cigna Dental: 1-866-213-7295

Vision

Eyemed: www.eyemed.com

Hearing

Hearing Care Solutions: 1-866-872-1001
https://hearingcaresolutions.com/Cigna-HealthSpring-Health-Plan

Fitness

Silver & Fit: www.silverandfit.com
1-888-886-1992

OTC

www.cignahealthspringotc.com
1-866-851-1579

Company	Cigna HealhSpring	Cigna HealthSpring	Cigna HealthSpring
Plan	Preferred (MA-PD)	Advantage (MA)	Total Care (DSPN)
Plan Code	HMO	HMO	HMO
Counties	Cameron, Hidalgo, Webb, Willacy	Cameron, Hidalgo, Webb, Willacy	Cameron, Hidalgo, Webb, Willacy
Network	Referrals Required	Referrals Required	Referrals Required
Monthly Plan Premium	$0 - You must continue to pay Part B	$0 (125 Monthly Part B Giveback)	$0 - You must continue to pay Part B
Deductible	$0	$0	$0
Maximum Out-of-Pocket	$3,400	$3,900	$3,400
Inpatient Hospital Coverage	$300 Per Stay	$600 Per Stay	$0
Ambulance	$250	$200	0 ($100 for Partials)
Emergency Care (Worldwide)	$90	$90	$0 ($75 for Partials)
Urgent Care	$25	$30	$0
Outpatient Surgery/ASC	$200/$150	$0-$250/$0-$200	$0
Lab	$0	$0	$0
X-Rays	$0	$0	$0
Diagnostic Radiology	$0- $150	$0 -$200	$0
Primary Care	$0	$0	$0
Specialists	$20	$30	$0
Physical/Occupational/Speech Therapy	$20	$30	$0
Preventive Care	$0	$0	$0
Part D	**$190 Deductible Tiers 4 & 5**		
Preferred Retail	$0 /$4 /$42/$95/29%	NOT COVERED	$0 - $9.85
Standard Retail	$10 /20 /$47/$100 /29%	NOT COVERED	$0 - $9.85
Standard Mail Order - 90 Days	$30 /$60 /$141 /$300	NOT COVERED	$0 - $9.85
Fitness	$0 - Silver & Fit	$0 - Silver & Fit	$0 - Silver & Fit
Dental Allowance	Unlimited (copay for services)	Unlimited (copay for services)	$2500 Allowance Per Year
Hearing Allowance	$700 Per Ear Allowance Every 3 Years	$700 Per Ear Allowance Every 3 Years	$1000 per Ear Allowance Every 3 Years
Vision Allowance	$250 Allowance Every year	$250 Allowance Every year	$300 Allowance Every year
Transportation	50 One Way Trips	50 One Way Trips	Unlimited
OTC Benefit	$65 Per quarter	$50 Per Quarter	$275 Per Quarter

Company	Cigna HealthSpring	
Plan	True Choice	
Plan Code	PPO	
Counties	Cameron, Hidalgo, Willacy	
Network	Referrals Required	
	In Network	Out of Network
Monthly Plan Premium	$0 - You must continue to pay Part B	
Deductible	$0	$0
Maximum Out-of-Pocket	$6,700	$10,000
Inpatient Hospital Coverage	$325 per days 1-5	$375 per days 1-5
Ambulance	$200	$200
Emergency Care (Worldwide)	$90	$90
Urgent Care	$30	$30
Outpatient Surgery/ASC	$0 - $325/$0 - $275	40%
Lab	$0	40%
X-Rays	$0	40%
Diagnostic Radiology	$0- $200	40%
Primary Care	$0	$0
Specialists	$35	$45
Physical/Occupational/Speech Therapy	$35	$45
Preventive Care	$0	$0
Part D	**$190 Deductible Tiers 4 & 5**	
Preferred Retail	$0 /$4 /$42/$95 /29%	
Standard Retail	$10/$20 /$47/$100 /29%	
Standard Mail Order - 90 Days	$30 /$60 /$141 /$300	
Fitness	$0 - Silver & Fit	
Dental Allowance	$2,000 Allowance Per year	
Hearing Allowance	$700 Per Ear Allowance Every 3 Years	
Vision Allowance	$150 Allowance Every year	
Transportation	Not Covered	
OTC Benefit	$35 per quarter	

Humana®

Important Information

Broker Services: 1-800-309-3163
Agent Website: https://www.humana.com/agent/
Certifications: https://www.humana.com/agent/
Marketing Materials:
https://www.humana.com/agent/
Consumer Website: https://www.humana.com
Consumer Number: 1-800-866-0581

Application Process Submission

Telescope Line: 1-866-945-4471
Fax: 1-877-889-9936
Online: https://www.humana.com/logon/

Broker Manager

Cris Chavez 956-578-1004
cchavez6@humana.com
William Dooley 1-806-341-1862
wdooley@humana.com

Humana®

Dental

Humana Dental: https://www.humana.com/ads/sb
1-800-309-3169

Vision

Humana Vision: https://www.humana.com/vision-insurance/find-an-eye-doctor
1-800-309-3169

Hearing

TruHearing: 1-844-255-7146

Fitness

Silver Sneakers: www.silversneakers.com
1-866-584-7389

OTC

1-855-211-8370
https://www.humanapharmacy.com/
Fax Order Form: 1-800-379-7617

Humana®

Company	Humana	Huama	Huama
Plan Name	Humana Gold Plus HMO	Humana Gold Plus SNP	Humana Gold Plus
Plan ID	H0028-046	H0028-045	H0783-002
Counites	Cameron, Hidalgo, Willacy	Cameron, Hidalgo, Willacy	Cameron, Hidalgo, Willacy
Network	Referrals Required	Referrals Required	Referrals Required
Monthly Plan Premium	$0 You must continue to pay Part B Premium	$0 You must continue to pay Part B Premium	$25
Deductible	$0	$0	$0
Maximum Out-of-Pocket	$3,450	$0	$3,450
Inpatient Hospital Coverage	$300 per admit	$0	$300 copay
Ambulance	$265	$0	$265
Emergency Care (Worldwide)	$120	$0	$120
Urgent Care	$22	$0	$22
Outpatient Surgery	$150	$0	$150
Lab	$0 to $50	$0	$0 to $22
X-Rays	$0 to $50	$0	$0 to $22
Diagnostic Radiology	$35 - $150	$0	$35 to $150
Primary Care	$0	$0	$0
Specialists	$20	$0	$20
Physical/Occupational/Speech Therapy	$20	$0	$20
Preventive Care	$0	$0	$0
Part D	**$0**	**N/A**	**$480.00**
Preferred Retail	$0,$5, $47, $100, 33%	$0 -$9.85	$2,$19, $47, $100, 25%
Standard Retail	$10, $20, $47, $100, 33%	$0 -$9.85	$15, $20, $47, $100, 25%
Standard Mail Order - 90 Days	$30, $60, $141, $300	$0 -$9.85	$45, $60, $141, $300
Preferred Mail Order - 90 Days	$0, $0, $131, $290	$0 -$9.85	$0, $0, $131, $290
Fitness	Silver Sneakers	Silver Sneakers	Silver Sneakers
Dental Allowance	$2,000 maximum benefit	$2,000 maximum benefit	$2,000 maximum benefit
Hearing Allowance	$0 copay for Advanced Level Aid $299 copay for Premium Level Aid 1 per ear every 3 years	$0 copay for Advanced Level Aid 1 per ear every 3 years	$0 copay for Advanced Level Aid $299 copay for Premium Level Aid 1 per ear every 3 years
Vision Allowance	$200 maximum benefit	$300 maximum benefit	$200 maximum benefit
Transportation	26 one way trips	60 one way trips	48 one way trips
OTC Benefit	$100 Quarterly	$150 Quarterly	$150 Quarterly
		Healthy Food $50 Per Month	

Humana®

Company	Humana	Humana	Humana	Humana
Plan Name	Humana Choice	Humana Choice	Humana Choice	Humana Choice
Plan ID	PPO R4182-001	PPO H5216-043-001	PPO R4182-004	PPO R4182-003
Couties	Texas	Texas	Texas	Texas
Network	No Referrals Required	No Referrals Required	No Referrals Required	No Referrals Required
Monthly Plan Premium	$0 You must continue to pay Part B Premium	$10 You must continue to pay Part B Premium	$54 You must continue to pay Part B Premium	$92 You must continue to pay Part B
Deductible	$0	$0.00	$750 combined in and out of network	$750 combined in and out of network
Maximum Out-of-Pocket	$5,700	$6,700	$7,200	$7,200
Inpatient Hospital Coverage	$295 per day, days 1-5	$325 per day, days 1-5	$360 per day, days 1-5	$325 per day, days 1-5
Ambulance	$265	$290	$265	$265
Emergency Care (Worldwide)	$90	$90	$90	$90
Urgent Care	$30	$35	$35	$35
Outpatient Surgery	Hospital $295 ASC $245	Hospital $325 ASC $255	Hospital $325 ASC $275	Hospital $325 ASC $250
Lab	$0 to $50	$0 to $50	$0 to $50	$0 to $50
Outpatient X-Rays	$10 to $50	$0 to $95	$15 to $95	$15 to $95
Diagnostic Radiology	$180 - $295	$180 - $325	$180 - $325	$180 to $325
Primary Care	$10	$0	$15	$15
Specialists	$40	$35	$45	$45
Physical/Occupational/Speech Therapy	$25	$25	$25	$25
Preventive Care	$0	$0	$0	$0
Part D	N/A	$250 Deductible T4 & T5	$175 Deductible T3, T4, T5	$175 Deductible T3, T4, T5
Preferred Retail	NOT COVERED	$3/$10/$47/$99/28%	$6/$13/$47/$99/30%	$7/$12/$47/$99/30%
Standard Retail	NOT COVERED	$10/$20/$47/$100/28%	$10/$20/$47/$100/30%	$10/$20/$47/$100/30%
Standard Mail Order - 90 Days	NOT COVERED	$30/$60/$141/$300	$30/$60/$141/$300	$30/$60/$141/$300
Preferred Mail Order - 90 Days	NOT COVERED	$0/$0/$131/$287	$0/$0/$131/$287	$0/$0/$131/$287
Fitness	Silver Sneakers	Silver Sneakers	NOT COVERED	NOT COVERED
Dental Allowance	$1,000 Allowance	$2,000 Allowance	Medicare Covered Benefits $45 Copay	$1,000 Allowance
Hearing Allowance	$99 copay for Advanced Level Hearing aid up to 1 per ear per year $399 for Premium hearing aid 1 per ear per year	$699 copay for Advanced Level Hearing aid up to 1 per ear per year $999 for Premium hearing aid 1 per ear per year	$399 copay for Advanced Level Hearing aid up to 1 per ear per year $699 for Premium hearing aid 1 per ear per year	$699 copay for Advanced Level Hearing aid up to 1 per ear per year $999 for Premium hearing aid 1 per ear per year
Vision Allowance	$200 Allowance	$100 Allowance	$40 Allowance	$40 Allowance
Transportation	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED
OTC Benefit	$100 Quarterly	$25 Quarterly	$30 Quartely	$30 Quarterly

Company	Huama	Humana	Humana
Plan Name	Humana Honor	Humana Gold Choice	Humana Gold Choice
Plan ID	PPO H5216-128	PFFS H8145-126	PFFS H8145-084
Couties	Texas	Texas	Texas
Network	No Referrals Required	No Referrals Required	No Referrals Required
Monthly Plan Premium	$0 ($50 Part B Giveback)	$30 - You must continue to pay Part B Premium	$97 - You must continue to pay Part B
Deductible	$0.00	$0	$0
Maximum Out-of-Pocket	$5,400	$6,700	$6,700
Inpatient Hospital Coverage	$295 per day, days 1-5.	$360 per day, days 1-5	$325 Per Day, Days 1-5
Ambulance	$265	$265	$265
Emergency Care (Worldwide)	$90	$90	$90
Urgent Care	$20	$35	$35
Outpatient Surgery	Hospital $295 /ASC $245	Hospital $360 / ASC $225	Hospital $325 / ASC $225
Lab	$0 to $50	$0 to $50	$0 to $50
Outpatient X-Rays	$10 to $50	$10 to $50	$15 to $50
Diagnostic Radiology	$180 - $295	$180 - $250 or 20%	$180 - $325
Primary Care	$10	$10	$15
Specialists	$40	$45	$45
Physical/Occupational/Speech Therapy	$25	$25	$25
Preventive Care	$0	$0	$0
Part D	N/A	N/A	$250 Deductible T4 & T5
Preferred Retail	NOT COVERED	NOT COVERED	$6/$12/$47/$99/28%
Standard Retail	NOT COVERED	NOT COVERED	$10/$20/$47/$100/28%
Standard Mail Order - 90 Days	NOT COVERED	NOT COVERED	$30/$60/$141/$300
Preferred Mail Order - 90 Days	NOT COVERED	NOT COVERED	$0/$0/$131/$287
Fitness	Silver Sneakers	NOT COVERED	NOT COVERED
Dental Allowance	$2,000 Allowance	NOT COVERED	NOT COVERED
Hearing Allowance	$199 copay for Advanced Level Hearing aid up to 1 per ear per year $499 for Premium hearing aid 1 per ear per year	NOT COVERED	NOT COVERED
Vision Allowance	$200 Allowance	$130 Allowance	$130 Allowance
Transportation	24 One Way Trips	NOT COVERED	NOT COVERED
OTC Benefit	$75 Quarterly	$10 Quartely	NOT COVERED

Important Information

Broker Services: 1-866-440-9788

Agent Website: https://molinahealthcare.com

Consumer Website:
www.molinahealthcare.com

Consumer Number: 1-866-440-0012

Application Submission Process

Fax: 1-844-541-6848
Online:
https://molina2.destinationrx.com/pc/2022/Account/Login

Broker Manager

Kevin O'Connor 843-408-6650
Kevin.oconnor1@molinahealthcare.com
James Spencer-
James.spencer@molinahealthcare.com

Dental

Delta Dental: https://www.deltadental.com/

Vision

March Vision Care:
https://www.marchvisioncare.com/find.aspx?frameContent=LocateaProvider
1-866-376-6780

Hearing

HearingUSA: https://www.hearusa.com/

Fitness

Silver & Fit: www.silverandfit.com
1-877-427-4788

OTC

www.NationsOTC.com - 1-866-420-4010

Company	Molina	Molina	Molina
Plan Name	Complete Care	Medicare Choice Care	Medicare Choice Care Select
Plan ID	HMO SNP H7678-001	HMO	HMO
Counties	Cameron, Hidalgo, Starr, Webb, Willacy	Cameron, Hidalgo, Starr, Webb, Willacy	Cameron, Hidalgo, Starr, Webb, Willacy
Network	No Referrals Required	No Referrals Required	No Referrals Required
Monthly Plan Premium	$0	$0 You must continue to pay Part B	$0 You must continue to Part B
Deductible	$0	$0	$0
Maximum Out-of-Pocket	$7,550	$7,550	$7,550
Inpatient Hospital Coverage	$0	$295 1-6 Days	$450 1-4 Days
Ambulance	$0	$200	20%
Emergency Care (Worldwide)	$0	$90	$90
Urgent Care	$0	$25	$65
Outpatient Surgery	$0	$225	$225
Lab	$0	$0	$0
X-Rays	$0	$0	$5
Diagnostic Radiology	$0	$125-$225	$125-$225.00
Primary Care	$0	$0	$0
Specialists	$0	$30	$50
Physical/Occupational/Speech Therapy	$0	$30	$40
Preventive Care	$0	$0	$0
Part D Deductible	$0	$125 All Tiers	$0
Standard Retail	$0 - $9.85	$3$12/$47/$100/31% T6 Select Care $0	$15/$20/$47/$100/25%
Standard Mail Order - 90 Days	$0 - $9.85	$6/$24/$94/$300/31% T6 Select Drugs $0	$15/$20/$47/$100/25%
Fitness	Silver & Fit	Silver & Fit	Silver & Fit
Dental Allowance	$4,000 Allowance	$2,000 allowance	Not covered
Hearing Allowance	2 pre-selected hearing aids	2 pre-selected hearing aids	Not covered
Vision Allowance	$500 Allowance	$200 allowance	Not covered
Transportation	60 One-way Trips	24 One-way trips	Not covered
OTC Benefit	$475 quarterly (no rollover)	$90 quarterly (no rollover)	$100 quarterly (no rollover)

Prominence®
Health Plan

Important Information

Broker Services Number: 855-969-5882
Agent Website: www.prominencemedicare.com
Certification Website: www.miramar-agent.com
Member Services: 1-855-969-5882

Application Submission Process

Fax: 775-770-9144
Online: Ascend
Email: phpmedicareapplications@uhsinc.com
Mail: 1510 Meadow Wood Ln Reno, NV 89502

Broker Mangers:

Matthew Pollock – 956-424-2335
matthew.pollock@uhsinc.com
Paul Moreno – 956-358-0979
paul.moreno@uhsinc.com

Prominence®
Health Plan

Dental

Liberty Dental Plan:
https://www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist.aspx

Vision

National Vision Administrators:
https://www.e-nva.com/nva/content/home/prom-welcome.xhtml

Hearing

Hearing Care Solutions:
https://hearingcaresolutions.com/prominencemedicare/

Fitness

Silver & Fit: www.silverandfit.com
1-877-427-4788

OTC

https://prominence.nationsotc.com/login

1-833-746-7682

Prominence®
Health Plan

Company	Prominence	Prominence
Plan Name	Plus	Dual
Plan ID	HMO H7680-002	HMO DSNP H7680-007
Counties	Brooks, Hidalgo, Starr, Webb	Brooks, Hidalgo, Starr, Webb
Network	No Referrals Required	No Referrals Required
Monthly Plan Premium	$0	$0
Deductible	$0	$0
Maximum Out-of-Pocket	$2,000	$3,450
Inpatient Hospital Coverage	$0-$50 1-5 Days	$0
Ambulance	$300	$0
Emergency Care (Worldwide)	$120	$0
Urgent Care	$0	$0
Outpatient Surgery	$0	$0
Lab	$0	$0
X-Rays	$0	$0
Diagnostic Radiology	$0	$0
Primary Care	$0	$0
Specialists	$0	$0
Physical/Occupational/Speech Therapy	$0	$0
Preventive Care	$0	$0
Part D Deductible	$0	$0
Retail	$0/$12/$35/$100/$33% T6 Select Drugs $0	$0 - $9.85
Fitness	Silver & Fit	Silver & Fit
Dental Allowance	$2,000 allowance	$4,000 allowance
Hearing Allowance	$600 allowance per ear	$600 allowance per ear
Vision Allowance	$200 allowance	$500 allowance
Transportation	Unlimited	Unlimited
OTC Benefit	$150 Quarterly (no rollover)	$330 Quarterly (no rollover)

UnitedHealthcare

Important Information

Broker Services: 1-888-381-8581

Agent Website: www.uhcjarvis.com

Certification Website: www.uhcjarvis.com

Marketing Materials: www.uhcjarvis.com

Consumer Website:

www.uhcmedicaresolutions.com

Consumer Number: 1-866-550-4736

Application Submission

Fax: 1-888-950-1170

Dual: 1-888-950-1169

Online Enrollment: www.uhcjarvis.com LEAN

Broker Manager

Mimi Castaneda 956-251-1167

Brosla_n_castaneda@uhc.com

Hillary Rivera 305-715-2028 or 786-236-3991

Hillary_rivera@uhc.com

Dental

UHC Dental www.uhcjarvis.com
MAPD: 1-866-550-4736 Dual: 1-866-480-1086

Vision

UHC Vision www.uhcjarvis.com
MAPD: 1-866-550-4736 Dual: 1-866-480-1086

Hearing

UHC Hearing www.uhcjarvis.com
MAPD: 1-855-523-9355 Dual: 1-877-704-3384

Fitness

Renew Active: www.uhcrenewactive.com
MAPD: 1-866-550-4736 Dual: 1-866-480-1086

OTC

FirstLine Benefits:
www.myuhcmedicare.com/hwp
1-800-933-2914
Dual: Solutran
www.myuhcmedicare.com/hwp
1-833-853-8587

Company	AARP Medicare Complete	AARP Medicare Complete	United Healthcare
Plan Name	Focus (HMO)	Patriot (HMO POS)	Chronic Complete (HMO)
Plan ID	H4527-013	H4527-024	H4527-042-000
Couties	Cameron, Hidalgo, Starr, Webb, Willacy	Cameron, Hidalgo, Starr, Webb, Willacy	Cameron, Hidalgo, Starr, Willacy
Network	Referrals Required	Referrals Required	Referrals Required
Monthly Plan Premium	$0 - You must contnue to pay Part B	$0 - Up to $30 Part B Giveback	$0 - You must continue to pay Part B
Deductible	$0	$0	$0
Maximum Out-of-Pocket	$3,400	$5,500	$3,400
Inpatient Hospital Coverage	$300 Per Stay	$225 Per Day, Days 1-5	$250 Per Stay
Ambulance	$280	$250	$225
Emergency Care (Worldwide)	$90	$90	$90
Urgent Care	$40	$40	$20
Outpatient Surgery	$150	$200	$125
Lab	$0	$0	$0
X-Rays	$0	$0	$0
Diagnostic Radiology	$125	$125	$125
Primary Care	$0	$0	$0
Specialists	$25	$35	$20
Physical/Occupational/Speech Therapy	$25	$20	$20
Preventive Care	$0	$0	$0
Part D	$0		$0
Standard Retail - 30 Days	$0/$10/$47/$100/33% $35 Select Insulin	NOT COVERED	$0/$0/$47/$100/33% $35 Select Insulin
Preferred Mail Order - 100 Days	$0/$0/$131/$290 $95 Select Insulin	NOT COVERED	$0/$0/$75/$290 $55 Select Insulin
Fitness	RenewActive	RenewActive	RenewActive
Dental Allowance	$2000 Allowance Per Year	$500 Allowance (can add dental rider)	$1,500 Allowance
Hearing Allowance	$375 - $1425 copay	$375 - $1425 copay	$375 - $1425 Copay per Aid Every 2 Years
Vision Allowance	$250 Allowance	$250 Allowance	$250 Allowance
Transportation	26 One-way Trips	26 One-way Trips	48 One-way Trips
OTC Benefit	$100 Quarterly	$40 Quarterly	$100 Per Quarter

Company	UnitedHealthcare	UnitedHealthcare	United Healthcare
Plan Name	Dual Complete Plan 2	Dual Complete Plan 1	Dual Complete Choice
Plan ID	HMO SNP H5322-026	HMO SNP H4527-015	PPO SNP R6801-011
Couties	Cameron, Hidalgo, Willacy	Cameron, Hidalgo,Willacy	Texas
Network	Referrals Required	Referrals Required	No Referrals Required
Monthly Plan Premium	$5.30 - You must continue to pay Part B	$10.20 you must continue to Part B	$0 - You must continue to pay Part B
Deductible	$0	$203 (Annual)	$0
Maximum Out-of-Pocket	$7,550	$7,550	$0
Inpatient Hospital Coverage	0	0- $1,480	$0
Ambulance	$0	$0	$0
Emergency Care (Worldwide)	$0	$0	$0
Urgent Care	$0	$0	$0
Outpatient Surgery	$0	$0	$0
Lab	$0	$0	$0
X-Rays	$0	$0	$0
Diagnostic Radiology	$0	$0	$0
Primary Care	$0	$0	$0
Specialists	$0	$0	$0
Physical/Occupational/Speech Therapy	$0	$0	$0
Preventive Care	$0	$0	$0
Part D	$0	$0	$0
Standard Retail - 30 Days	$0	$0	$0
Preferred Mail Order - 100 Days	$0	$0	$0
Fitness	RenewActive	Renew Active	RenewActive
Dental Allowance	$2000 Allowance Per Year	$2,500 Allowance Per Year	$0 copays for exams, cleaning, and x-rays
Hearing Allowance	$2,000 Allowance	$2,000 Allowance	$2,500 allowance
Vision Allowance	$200 Allowance	$250 Allowance	$100 Allowance
Transportation	36 One-way Trips	60 One-way Trips	12 One-way Trips
OTC Benefit	$85 Monthly	$125 Monthly	$65 monthly

Company	AARP Medicare Advantage	United Healthcare	United Healthcare	United Healthcare
Plan Name	Choice	Silver	Gold	Advantage Choice
Plan ID	PPO H1278-010-000	PPO SNP R6801-008	PPO SNP R6801-009	PPO R6801-012
Counites	Cameron, Hidalgo, Starr, Webb, Willacy	Texas	Texas	Texas
Network	Referrals Required	No Referrals Required	No Referrals Required	No Referrals Required
Monthly Plan Premium	$0 - You must continue to pay Part B	$3.70 - You must continue to pay Part B	$29 - You must continue to pay Part B	$49 - You must continue to pay Part B
Deductible	$0	$203	$0	$0
Maximum Out-of-Pocket	$5,900	$7,550	$6,700	$7,550
Inpatient Hospital Coverage	$300 per day 1-6	$0 -$1,480 copay per stay	$260 Days 1-7	$390 Per Day, Days 1-5
Ambulance	$270	$0 copay - 20%	$260	$265
Emergency Care (Worldwide)	$90	$0 -$90	$90	$90
Urgent Care	$40	$0 -$65	$40	$40
Outpatient Surgery	$275	$0 - 20%	$260	$390
Lab	$0	$0	$0	$0
X-Rays	$15	$0 - 20%	$15	$15
Diagnostic Radiology	$125	$0 - 20%	$150	$150
Primary Care	$0	$0 - 20%	$5	$10
Specialists	$35	$0 - 20%	$45	$50
Physical/Occupational/ Speech Therapy	$35	$0 - 20%	$40	$40
Preventive Care	$0	$0	$0	$0
Part D Deductible	$255 T4 & T5	$0 - $99 (depending level Extra Help)	$295 T4 & T5	$395 T3, T4, & T5
Standard Retail	$0/$14/$47/$100/28% $35 Select Insulin	$0 - $9.85	$4/$12/$47/$100/28% $35 Select Insulin	$4/$12/$47/$100/28% $35 Select Insulin
Preferred Mail Order - 90 Days	$0/$0/$131/$290 $95 Select Insulin	$0 - $9.85	$0/$0/$131/$290 $95 Select Insulin	$0/$0/$131/$290 $95 Select Insulin
Fitness	RenewActive	RenewActive	RenewActive	NOT COVERED
Dental Allowance	$500 Allowance	$500 limit on all covered dental services	NOT COVERED	NOT COVERED
Hearing Allowance	$375 - $1425 copay	$2,500 allowance	$375 - $1425 copay	$375 - $1425 copay
Vision Allowance	$200 Allowance Every 2 years	$150 Allowance Every 2 years	$100 Allowance Every 2 years	$100 Allowance Every 2 years
Transportation	Not Covered	24 One-way Trips	24 One-way Trips	NOT COVERED
OTC Benefit	Not Covered	$260 Per Quarter	$40 per quarter	NOT COVERED

Important Information

Broker Services Email:
medicarebrokerservices@centene.com

Broker Services Number: 1-866-822-1339
Agent Website: https://desktop.pingone.com/cnc-callidus-brk
Certification Website: https://centene.cmpsystem.com
Marketing Material: https://desktop.pingone.com/cnc-callidus-brk
Consumer Website: www.allwell.superiorhealthplan.com
1-800-316-2273

Application Submission Process

Fax:1-844-222-3180

Online: The Ascend Enrollment Tool

Broker Managers

Hidalgo County: Claudia P Maldonado Howard
210-371-2783
claudia.p.maldonandohoward@centene.com
Cameron County: Monica Acosta 214-548-9807
macosta@centene.com
Webb County: Santiago Medrano 956-249-9807
santiago.medrano@centene.com

Dental

Envolve Dental: https://dental.envolvehealth.com/
1-855-586-1417

Vision

Envolve Vision:
https://visionbenefits.envolvehealth.com/
1-866-897-4785

Hearing

Hearing Care Solutions: www.hearingcaresolutions.com
1-866-344-7756

Fitness

Silver & Fit: www.silverandfit.com
1-888-427-4788

OTC

https://www.cvs.com/otchs/allwell
1-866-819-2516

Company	Wellcare Dual Liberty Nurture	Wellcare Dual Access Harmony
Plan	MA-PD HMO D-SNP	MA-PD HMO D-SNP
Plan Code	H5294-010	H5294-015
Counties	Cameron, Hidalgo, Starr, Willacy, Webb	Cameron, Hidalgo, Starr, Willacy, Webb
Network	Referrals Required	Referrals Required
Monthly Plan Premium	$0 - You must contnue to pay Part B	$0 - You must continue to pay Part B
Deductible	$0	$0
Maximum Out-of-Pocket	$3,450	$3,450
Inpatient Hospital Coverage	$0 copay up to 90 days per admission	$0 copay up to 90 days per admission
Ambulance	$0	$0
Emergency Care	$0	$0
Urgent Care	$0	$0
Outpatient Surgery	Outpatient Hospital: $0 Ambulatory Surgical Center: $0	Outpatient Hospital: $0 Ambulatory Surgical Center: $0
Lab	$0	$0
X-Rays	$0	$0
Diagnostic Radiology	$0	$0
Primary Care	$0	$0
Specialists	$0	$0
Physical/Occupational/Speech Therapy	$0	$0
Preventive Care	$0	$0
Standard Retail	$0 - $9.85	$0 - $9.85
Mail Order - 90 Days	$0 - $9.85	$0 - $9.85
Tier 6 - Select Care Drugs	$0 - $9.85	$0 - $9.85
Rx Deductible	$0	$0
Fitness	$0 Silver & Fit	$0 Silver & Fit
Dental Allowance	Unlimited (copay per services)	Unlimited (copay per services)
Hearing Allowance	$3,000 Allowance	$2,000 Allowance
Vision Allowance	$600 Allowance	$500 Allowance
Transportation	Unlimited	Unlimited
OTC Benefit	$350 Per Quarter (no rollover)	$325 Per Quarter (no rollover)

Company	Wellcare No Premium (Allwell Medicare)	Wellcare Giveback (Allwell Medicare Boost)	Wellcare Complement Assist (Allwell Medicare Complement)	Wellcare Patriot No Premium (Allwell Medicare Simple)
Plan	**MA-PD HMO**	**MA-PD HMO**	**MA-PD HMO**	**MA HMO**
Plan Code	**H5294-011**	**H5294-012**	**H5294-013**	**H5294-014**
Counties	**Cameron, Hidalgo, Starr, Willacy**	**Cameron, Hidalgo, Starr, Willacy**	**Cameron, Hidalgo, Starr, Willacy**	**Cameron, Hidalgo, Starr, Willacy**
Network	**Referrals Required**	**Referrals Required**	**Referrals Required**	**Referrals Required**
Monthly Plan Premium	$0 - You must contnue to pay Part B	$0 - You must continue to pay Part B $99 Giveback Plan	$14.50 - You must contnue to pay Part B	$0 - You must continue to pay Part B
Deductible	$0	$0	$0	$0
Maximum Out-of-Pocket	$3,450	$7,500	$3,450	$3,450
Inpatient Hospital Coverage	$100 per day, days 1-8	$375 per day, days 1-5	$100 per day, days 1-8	$225 per day, days 1-5
Ambulance	$250	$300	$250	$250
Emergency Care (Worldwide)	$120	$90	$120	$120
Urgent Care (Worldwide)	$120	$90	$35	$40
Outpatient Surgery	Outpatient Hospital: $195 Ambulatory Surgical Center: $150	Outpatient Hospital: $425 Ambulatory Surgical Center: $375	Outpatient Hospital: $195 Ambulatory Surgical Center: $150	Outpatient Hospital: $225 Ambulatory Surgical Center: $175
Lab	$0	$0	$0	$0
X-Rays	$0	$0	$0	$0
Diagnostic Radiology	20%	20%	20%	$75 - $225
Primary Care	$0	$0	$0	$0
Specialists	$25	$50	$20	$25
Physical/Occupational/Speech Therapy	$20	$40	$20	$20
Preventive Care	$0	$0	$0	$0
Preferred Retail	$2 /$12 /$37 /$90 /33%	$2 /$12 /$37 /$90 /29%	Standard Retail $0/$20/$47/42%/25%	Not Covered
Mail Order - 90 Days	$6 /$36 /$111 /$270 /T5- Not Available	$6 /$36 /$111 /$270 /T5- Not Available	$0 /$60 /$141 /42%	Not Covered
Tier 6 - Select Care Drugs	$0	$0	Not Available	Not Covered
Rx Deductible	$0	$200 Tier 3, 4, 5	$480 Tier 2, 3, 4, 5	Not Covered
Fitness	$0 Silver & Fit	$0 Silver & Fit	$0 Silver & Fit	$0 Silver & Fit
Dental Allowance	$3,000 per year for comprehensive dental	$1,000 per year for comprehensive dental	$3000 per year for comprehensive dental	$2,000 Allowance
Hearing Allowance	$0 - $2000 copay (2 hearing aids total, 1 per ear, per calendar year)	$0 - $700 copay (2 hearing aids total, 1 per ear, per calendar year)	$0 - $1500 copay (2 hearing aids total, 1 per ear, per calendar year)	$1,000 Allowance
Vision Allowance	$300 Allowance	$100 Allowance per Year	$300 Allowance	$200 Allowance
Transportation	60 One-way Trips	Not Covered	$0 (per one-way trip)	36 One-way Trips
OTC Benefit	$90 Per Quarter (no rollover)	$0	$150 Per Quarter (no rollover)	$120 Per Quarter (no rollover)

Company	Wellcare	Wellcare	Wellcare
Plan	Dual Access Open	No Premium RX Plus Open	No Premium Open
Plan Code	PPO DSNP H7323-005	PPO H7323-006	PPO H7323-007
Counties	Hidalgo, Starr	Hidalgo, Starr	Hidalgo, Starr
Network	No Referrals Required	No Referrals Required	No Referrals Required
Monthly Plan Premium	$0 - You must contnue to pay Part B	$0 - You must contnue to pay Part B	$0 - You must contnue to pay Part B
Deductible	$0	$0	$0
Maximum Out-of-Pocket	$3,450	$6,000	$6,000
Inpatient Hospital Coverage	$0	$300 per days 1-6	$325 per days 1-5
Ambulance	$0	$275	$275
Emergency Care (Worldwide)	$0	$90	$90
Urgent Care	$0	$40	$45
Outpatient Surgery	$0	Outpatient Hospital: $300 Ambulatory Surgical Center: $200	Outpatient Hospital: $250 Ambulatory Surgical Center: $250
Lab	$0	$0	$0
X-Rays	$0	$0	$0
Diagnostic Radiology	$0	$300	$250
Primary Care	$0	$0	$0
Specialists	$0	$40	$35
Physical/Occupational/ Speech Therapy	$0	$40	$40
Preventive Care	$0	$0	$0
Preferred Retail	$0 - $9.85	$0/$0/$35/42%/28% T6 Select Drugs $0	$0/$8/$25/43%/29% T6 Select Drugs $0
Rx Deductible	$0	$300 Tier 3, 4, 5	$200 Tier 3, 4, 5
Fitness	$0	Not Covered	$0
Dental Allowance	$2,000 allowance	$500 allowance	$1,000 allowance
Hearing Allowance	$2,000 allowance	$700 allowance	$700 allowance
Vision Allowance	$300 allowance	$100 allowance	$100 allowance
Transportation	48 one way trips	Not Covered	24 one way trips
OTC Benefit	$240 Quarterly	$30 Quarterly	$35 Quarterly

MEDICARE EDUCATORS

Office: 956-440-8408 | Fax: 956-440-7574
410 E Harrison Ave Harlingen, TX 78550