

Showing 10 of 43 Medicare Advantage Plans

ATRIO Choice Rx (PPO)

ATRIO Health Plans | Plan ID: H7006-012-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$3,298.59 Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$10,000 In and Out-of-network Maximum you pay for health services

\$5,900 In-network

ATRIO Select Rx (PPO)

ATRIO Health Plans | Plan ID: H7006-013-0

Star rating:



MONTHLY PREMIUM

\$20.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$3,538.59 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$10,000 In and Out-of-network Maximum you pay for health services
\$4,900 In-network

BlueAdvantage Garnet (PPO)

BlueCross BlueShield of Tennessee | Plan ID: H7917-032-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$7,638.43 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$11,300 In and Out-of-network Maximum you pay for health services
\$6,700 In-network

Humana Gold Plus H4461-029 (HMO)

Humana | Plan ID: H4461-029-0

Star rating:



This plan got Medicare's **highest rating** (5 stars)

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$7,811.03 Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$5,900 In-network Maximum you pay for health services

HumanaChoice H5216-274 (PPO)

Humana | Plan ID: H5216-274-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$7,811.03 Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$10,000 In and Out-of-network Maximum you pay for health services

\$6,700 In-network

Amerivantage Classic Plus (HMO-POS)

AMERIGROUP Community Care | Plan ID: H5828-005-0

Star rating:

Plan too new to be measured

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$7,927.01 Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$10,000 In and Out-of-network Maximum you pay for health services

\$4,900 In-network

Amerivantage Classic (HMO)

Amerigroup | Plan ID: H2593-022-0

Star rating:



MONTHLY PREMIUM

\$15.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$8,107.01 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$6,500 In-network Maximum you pay for health services

BlueAdvantage Emerald (PPO)

BlueCross BlueShield of Tennessee | Plan ID: H7917-035-0

Star rating:



MONTHLY PREMIUM

\$56.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$8,270.43 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$11,100 In and Out-of-network Maximum you pay for health services

\$5,900 In-network

Ascension Complete Saint Thomas Secure (HMO)

Ascension Complete | Plan ID: H2853-002-0

Star rating:

Plan too new to be measured

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$8,354.08 Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$2,900 In-network Maximum you pay for health services

Ascension Complete Saint Thomas Access (PPO)

Ascension Complete | Plan ID: H8121-002-0

Star rating:

Plan too new to be measured

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$8,445.76 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$2,900 In and Out-of-network Maximum you pay for health services

\$2,900 In-network