

## 13 Medicare Advantage Plans available

Fulton, GA

Showing 10 of 13 Medicare Advantage Plans

### HumanaChoice R3392-001 (Regional PPO)

Humana | Plan ID: R3392-001-0

Star rating:



#### MONTHLY PREMIUM

**\$0.00** Includes: Only health coverage

Doesn't include: \$144.60 Standard Part B premium

#### YEARLY DRUG & PREMIUM COST

**Calculating...** Only includes premiums for the months left in this year when you don't enter any drugs

#### OTHER COSTS

**\$500 annual deductible** Health deductible

Drug deductible: This plan doesn't cover prescription drugs, so you'll pay for the drug's full cost under this plan. Other Medicare Advantage Plans offer drug coverage.

**\$10,000 In and Out-of-network**

**\$6,700 In-network** Maximum you pay for health services

### Kaiser Permanente Senior Advantage Basic (HMO)

Kaiser Permanente | Plan ID: H1170-009-0

Star rating:



## MONTHLY PREMIUM

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**\$0.00** Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

## YEARLY DRUG & PREMIUM COST

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**Calculating...** Only includes premiums for the months left in this year when you don't enter any drugs

## OTHER COSTS

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**\$0** Health deductible

**\$0.00** Drug deductible

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

## Humana Gold Plus H4141-015 (HMO)

Humana | Plan ID: H4141-015-0

Star rating:



## MONTHLY PREMIUM

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**\$0.00** Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

## YEARLY DRUG & PREMIUM COST

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**Calculating...** Only includes premiums for the months left in this year when you don't enter any drugs

## OTHER COSTS

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**\$0** Health deductible

**\$0.00** Drug deductible

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

## Humana Honor (PPO)

Humana | Plan ID: H5216-217-0

Star rating:



### MONTHLY PREMIUM

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**\$0.00** Includes: Only health coverage

Doesn't include: \$144.60 Standard Part B premium

### YEARLY DRUG & PREMIUM COST

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**Calculating...** Only includes premiums for the months left in this year when you don't enter any drugs

### OTHER COSTS

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**\$0** Health deductible

Drug deductible: This plan doesn't cover prescription drugs, so you'll pay for the drug's full cost under this plan. Other Medicare Advantage Plans offer drug coverage.

**\$10,000** In and Out-of-network

**\$6,700** In-network Maximum you pay for health services

## Aetna Medicare Essential Plan (PPO)

Aetna Medicare | Plan ID: H5521-091-0

Star rating:



### MONTHLY PREMIUM

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**\$0.00** Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

## YEARLY DRUG & PREMIUM COST

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**Calculating...** Only includes premiums for the months left in this year when you don't enter any drugs

## OTHER COSTS

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**\$250 annual deductible** Health deductible

**\$200.00** Drug deductible

**\$10,000 In and Out-of-network**

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

## HumanaChoice H5216-154 (PPO)

Humana | Plan ID: H5216-154-0

Star rating:



## MONTHLY PREMIUM

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**\$0.00** Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

## YEARLY DRUG & PREMIUM COST

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**Calculating...** Only includes premiums for the months left in this year when you don't enter any drugs

## OTHER COSTS

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**\$1,000 annual deductible** Health deductible

**\$400.00** Drug deductible

**\$10,000 In and Out-of-network**

**\$6,700 In-network** Maximum you pay for health services

## HumanaChoice H5216-157 (PPO)

Humana | Plan ID: H5216-157-0

Star rating:



### MONTHLY PREMIUM

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**\$0.00** Includes: Only health coverage

Doesn't include: \$144.60 Standard Part B premium

### YEARLY DRUG & PREMIUM COST

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**Calculating...** Only includes premiums for the months left in this year when you don't enter any drugs

### OTHER COSTS

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**\$0** Health deductible

Drug deductible: This plan doesn't cover prescription drugs, so you'll pay for the drug's full cost under this plan. Other Medicare Advantage Plans offer drug coverage.

**\$10,000 In and Out-of-network**

**\$6,700 In-network** Maximum you pay for health services

## HumanaChoice H5216-203 (PPO)

Humana | Plan ID: H5216-203-1

Star rating:



### MONTHLY PREMIUM

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**\$0.00** Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

### YEARLY DRUG & PREMIUM COST

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**Calculating...** Only includes premiums for the months left in this year when you don't enter any drugs

#### OTHER COSTS

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**\$0** Health deductible

**\$75.00** Drug deductible

**\$10,000** In and Out-of-network

**\$6,700** In-network Maximum you pay for health services

### Humana Gold Plus H4141-017 (HMO)

Humana | Plan ID: H4141-017-4

Star rating:



#### MONTHLY PREMIUM

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**\$8.00** Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

#### YEARLY DRUG & PREMIUM COST

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**\$24.00** Only includes premiums for the months left in this year when you don't enter any drugs

#### OTHER COSTS

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**\$0** Health deductible

**\$0.00** Drug deductible

**\$6,700** In-network Maximum you pay for health services

### HumanaChoice H5216-145 (PPO)

Star rating:



**MONTHLY PREMIUM**

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**\$34.00** Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

**YEARLY DRUG & PREMIUM COST**

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**\$102.00** Only includes premiums for the months left in this year when you don't enter any drugs

**OTHER COSTS**

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**\$0** Health deductible

**\$75.00** Drug deductible

**\$10,000** In and Out-of-network

**\$6,700** In-network Maximum you pay for health services