

16 Medicare Advantage Plans available

Hudson, NJ

Showing 10 of 16 Medicare Advantage Plans

HumanaChoice H5216-169 (PPO)

Humana | Plan ID: H5216-169-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

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

YEARLY DRUG & PREMIUM COST

\$0.00 Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$275.00 Drug deductible

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

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

AARP Medicare Advantage Plan 1 (HMO)

UnitedHealthcare | Plan ID: H0755-040-1

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

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

YEARLY DRUG & PREMIUM COST

\$0.00 Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$240.00 Drug deductible

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

Humana Gold Plus H6622-063 (HMO)

Humana | Plan ID: H6622-063-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug 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

\$0 Health deductible

\$275.00 Drug deductible

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

HumanaChoice H5216-174 (PPO)

Humana | Plan ID: H5216-174-0

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

\$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

\$4,500 In-network Maximum you pay for health services

Aetna Medicare Core Value (HMO)

Aetna Medicare | Plan ID: H3152-045-0

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

\$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.

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

HumanaChoice H5216-172 (PPO)

Humana | Plan ID: H5216-172-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug 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

\$400 annual deductible Health deductible

\$295.00 Drug deductible

\$6,700 In and Out-of-network

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

Aetna Medicare Explorer Elite (HMO)

Aetna Medicare | Plan ID: H3152-084-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug 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

\$1,000 In-network Health deductible

\$200.00 Drug deductible

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

Aetna Medicare Credit Value (HMO)

Aetna Medicare | Plan ID: H3152-088-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Health & drug 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

\$0 Health deductible

\$300.00 Drug deductible

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

AARP Medicare Advantage Essential (HMO)

UnitedHealthcare | Plan ID: H0755-037-0

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

\$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.

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

HumanaChoice H5216-170 (PPO)

Humana | Plan ID: H5216-170-0

Star rating:



MONTHLY PREMIUM

\$33.00 Includes: Health & drug coverage

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

YEARLY DRUG & PREMIUM COST

\$99.00 Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$250.00 Drug deductible

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

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