

26 Medicare Advantage Plans available

Philadelphia, PA

Showing 10 of 26 Medicare Advantage Plans

Aetna Medicare Advantra Value (HMO)

Aetna Medicare | Plan ID: H3959-052-0

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

\$0.00 Drug deductible

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

HumanaChoice H5525-047 (PPO)

Humana | Plan ID: H5525-047-0

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

\$0.00 Drug deductible

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

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

AARP Medicare Advantage Choice Plan 2 (PPO)

UnitedHealthcare | Plan ID: H2228-085-0

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

\$500 annual deductible Health deductible

\$0.00 Drug deductible

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

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

UPMC for Life HMO No Rx (HMO)

UPMC for Life | Plan ID: H3907-002-0

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.

\$3,400 In-network Maximum you pay for health services

HumanaChoice H5525-038 (PPO)

Humana | Plan ID: H5525-038-0

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

\$300 annual deductible Health deductible

\$0.00 Drug deductible

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

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

Aetna Medicare Advantra Credit Value (PPO)

Aetna Medicare | Plan ID: H5522-017-0

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

\$1,500 annual deductible Health deductible

\$250.00 Drug deductible

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

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

Aetna Medicare Value (PPO)

Aetna Medicare | Plan ID: H5521-263-0

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 annual deductible Health deductible

\$0.00 Drug deductible

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

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

Humana Honor (PPO)

Humana | Plan ID: H5216-221-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Only health 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

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

Cigna-HealthSpring Advantage (HMO)

Cigna | Plan ID: H3949-026-0

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 H5216-116 (PPO)

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Only health 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

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

\$3,900 In-network Maximum you pay for health services