

Medicare Advantage plans in Allegheny County

Plan name	Monthly premium	Primary/Specialist Copay	Hospital Admission and Medical Copays	Annual Prescription Deductible	Prescription Copay (first layer of coverage)	Doughnut Hole
Elder Health 1-800-291-0396 (current members) 1-866-464-0703 (prospective members) www.elderhealth.com						
Bravo Classic I	\$60	\$5/\$10	\$25 for each of first six days in hospital	\$0	Retail, one-month supply: Generics, \$5; Preferred Brands, \$29; Non-Preferred Brands, \$58. Mail order, three-month supply: Generics, \$10; Preferred Brands, \$58; Non-Preferred Brands, \$116.	No coverage
First Health Life & Health Insurance Co. 1-866-386-2330 (current members) 1-800-711-1607 (prospective members) www.advantrafreedom.com						
Advantra Freedom 2 PFFS	\$0	\$15/\$30	\$180 for each of first five days in hospital/\$3,000 annual maximum on covered services	No Part D coverage		
Advantra Freedom 1 PFFS	\$98	\$0/\$0	\$0/\$1,000 annual maximum on covered services	No Part D coverage		
HealthAmerica 1-800-290-0190 (current members) 1-800-470-4272 (prospective members) www.pa.chcadvantra.com						
Advantra MA Only	\$26	\$15/\$30	\$250 for each admission	No Part D coverage		
Advantra Bronze	\$0	\$20/\$40	\$150 for each of first five days in hospital	\$0	Retail, one-month supply: Preferred Generics, \$5; Preferred Brands, \$25; Non-Preferred Drugs, \$67. Mail order, three-month supply: Preferred Generics, \$10; Preferred Brands, \$50; Non-Preferred Drugs, \$134.	No coverage
Advantra Silver	\$39	\$15/\$30	\$225 per admission	\$0	Retail, one-month supply: Preferred Generics, \$5; Preferred Brands, \$25; Non-Preferred Drugs, \$67. Mail order, three-month supply: Preferred Generics, \$10; Preferred Brands, \$50; Non-Preferred Drugs, \$134.	No coverage
Advantra Gold	\$71	\$10/\$25	\$0	\$0	Retail, one-month supply: Preferred Generics, \$4; Preferred Brands, \$25; Non-Preferred Drugs, \$65. Mail order, three-month supply: Preferred Generics, \$8; Preferred Brands, \$50; Non-Preferred Drugs, \$130.	Retail, one-month supply: Preferred Generics, \$4. Mail order, three-month supply: Preferred Generics, \$8.
HealthAssurance Advantra PPO Gold	\$93	\$10/\$25	\$0	\$0	Retail, one-month supply: Preferred Generics, \$4; Preferred Brands, \$25; Non-Preferred Drugs, \$65. Mail order, three-month supply: Preferred Generics, \$8; Preferred Brands, \$50; Non-Preferred Drugs, \$130.	Retail, one-month supply: Preferred Generics, \$4. Mail order, three-month supply: Preferred Generics, \$8.
Highmark/Keystone Health Plan West 1-800-935-2583 (current members) 1-800-576-6343 (prospective members) www.highmarkbcbs.com						
SecurityBlue Value	\$25	\$10/\$20	\$175 per admission/\$350 annual maximum	No Part D coverage		
SecurityBlue Standard	\$63	\$10/\$20	\$150 per admission/\$300 annual maximum	\$0	Retail, one-month supply: Preferred Generics, \$10; Preferred Brands, \$31. Mail order, three-month supply: Preferred Generics, \$25; Preferred Brands, \$77.50.	No coverage
SecurityBlue Deluxe	\$124	\$10/\$20	\$100 per admission/\$200 annual maximum	\$0	Retail, one-month supply: Generics, \$8; Preferred Brands, \$25; Non-Preferred Brands, \$60. Mail order, three-month supply: Generics, \$20; Preferred Brands, \$62.50; Non-Preferred Brands, \$150.	Retail, one-month supply: Generics, \$8. Mail order, three-month supply: Generics, \$20.
Highmark 1-866-306-1061 (current members) 1-800-350-1973 (prospective members) www.highmarkbcbs.com						
FreedomBlue PPO HD Rx	\$0	\$15/\$15	\$0 (requires \$1,500 annual deductible)	\$0	Retail, one-month supply: Preferred Generics, \$10; Preferred Brands, \$31. Mail order, three-month supply: Preferred Generics, \$25; Preferred Brands, \$77.50.	No coverage
FreedomBlue PPO Classic	\$115	\$15/\$15	\$0 (requires \$250 annual deductible for out-of-network services only)	\$0	Retail, one-month supply: Preferred Generics, \$10; Preferred Brands, \$31. Mail order, three-month supply: Preferred Generics, \$25; Preferred Brands, \$77.50.	No coverage
Humana 1-800-457-4708 (current members) 1-800-833-2364 (prospective members) www.humana-medicare.com						
HumanaChoice PPO Plan R5826-002	\$82	\$10/\$30	\$550 per in-network admission/\$800 per out-of-network admission (plus \$500 general deductible for out-of-network services only)	\$0	Retail, one-month supply: Preferred Generics, \$5; Preferred Brands, \$35; Non-Preferred Drugs, \$65. Mail order, three-month supply: Preferred Generics, \$12.50; Preferred Brands, \$87.50; Non-Preferred Drugs, \$162.50.	No coverage
Humana 1-877-511-5000 (current members) 1-800-833-2312 (prospective members) www.humana-medicare.com						
Humana Gold Choice PFFS H1804-093	\$109	\$15/\$30	\$550 per admission	\$0	Retail, one-month supply: Preferred Generics, \$4; Preferred Brands, \$30; Non-Preferred Drugs, \$60. Mail order, three-month supply: Preferred Generics, \$10; Preferred Brands, \$75; Non-Preferred Drugs, \$150.	No coverage
Humana Gold Choice PFFS H1804-224	\$132	\$15/\$30	\$180 for each of first five days in hospital	\$0	Retail, one-month supply: Preferred Generics, \$4; Preferred Brands, \$30; Non-Preferred Drugs, \$60. Mail order, three-month supply: Preferred Generics, \$10; Preferred Brands, \$75; Non-Preferred Drugs, \$150.	No coverage
Sterling Life Insurance Co. 1-888-858-8551 (current members) 1-888-858-8572 (prospective members) www.sterlingplans.com						
Sterling Option II	\$28.70	\$10/\$35	\$150 for each of first five days in hospital	\$100	Retail, one-month supply: Generics, \$10; Preferred Brands, \$30; Non-Preferred Brands, \$40. Mail order, three-month supply: Generics, \$20; Preferred Brands, \$60; Non-Preferred Brands, \$80.	No coverage
Today's Options 1-888-445-8699 (current members) 1-800-486-7613 (prospective members) www.todaysoptions.com						
Today's Options Value	\$15	\$15/\$30	\$175 for each of first four days in hospital/\$1,700 annual maximum	No Part D coverage		
Today's Options Premier	\$46	\$5/\$15	\$150 per admission/\$600 annual maximum	No Part D coverage		
Today's Options Value Plus	\$43	\$15/\$30	\$175 for each of first four days in hospital/\$1,700 annual maximum	\$0	Retail, one-month supply: Generics, \$7; Preferred Brands, \$31; Non-Preferred Brands, \$63. Mail order, three-month supply: Generics, \$14; Preferred Brands, \$62; Non-Preferred Brands, \$126.	No coverage
Today's Options Premier Plus	\$85	\$5/\$15	\$150 per admission/\$600 annual maximum	\$0	Retail, one-month supply: Generics, \$7; Preferred Brands, \$31; Non-Preferred Brands, \$63. Mail order, three-month supply: Generics, \$14; Preferred Brands, \$62; Non-Preferred Brands, \$126.	Retail, one-month supply: Generics, \$7. Mail order, three-month supply: Generics, \$14.
Unison Advantage 1-800-290-4009 (current members) 1-877-786-4766 (prospective members) www.unisonhealthplan.com						
Choice	\$0	\$15/\$30	\$150 for each of first 15 days in hospital/\$2,250 annual maximum	\$0	Retail, one-month supply: Preferred Generics, \$4; Preferred Brands, \$25; Non-Preferred Drugs, \$45. Mail order, three-month supply: Preferred Generics, \$12; Preferred Brands, \$75; Non-Preferred Drugs, \$135.	No coverage
Preferred	\$54	\$5/\$20	\$75 for each of first 10 days in hospital/\$750 annual maximum	\$0	Retail, one-month supply: Preferred Generics, \$4; Preferred Brands, \$25; Non-Preferred Drugs, \$45. Mail order, three-month supply: Preferred Generics, \$12; Preferred Brands, \$75; Non-Preferred Drugs, \$135.	Retail, one-month supply: Preferred Generics, \$4. Mail order, three-month supply: Preferred Generics, \$12.
UPMC Health Plan 1-877-539-3080 (current members) 1-877-381-3765 (prospective members) www.upmchealthplan.com						
UPMC for Life HMO	\$0	\$10/\$30	\$250 per admission/\$750 annual maximum	No Part D coverage		
UPMC for Life HMO Rx	\$23.60	\$10/\$30	\$200 per admission/\$600 annual maximum	\$0	Retail, one-month supply: Generics, \$5; Preferred Brands, \$32; Non-Preferred Brands, \$64. Mail order, three-month supply: Generics, \$15; Preferred Brands, \$96; Non-Preferred Brands, \$192.	No coverage
UPMC for Life HMO Rx Enhanced	\$72.50	\$0/\$25	\$100 per admission/\$300 annual maximum	\$0	Retail, one-month supply: Generics, \$5; Preferred Brands, \$25; Non-Preferred Brands, \$50. Mail order, three-month supply: Generics, \$15; Preferred Brands, \$75; Non-Preferred Brands, \$150.	Retail, one-month supply: Generics, \$5. Mail order, three-month supply: Generics, \$15.
UPMC for Life PPO Rx Enhanced	\$116.50	\$10/\$20 (in-network)	\$100 per admission/\$300 annual maximum (in-network)	\$0	Retail, one-month supply: Generics, \$5; Preferred Brands, \$25; Non-Preferred Brands, \$50. Mail order, three-month supply: Generics, \$15; Preferred Brands, \$75; Non-Preferred Brands, \$150.	Retail, one-month supply: Generics, \$5. Mail order, three-month supply: Generics, \$15.