Medicare
The Official U.S. Government Site For People with Medicare

Medicare Personal Plan Finder

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Plan Comparison   [Print This Page]

BENEFIT CATEGORY Show all	Golden Health Insurance Plan (H0000-000) • HMO • Health & Drug Plan [View Plan Details] [Enroll Online]	National Health Insurance Plan (H0000-000) • PPO • Health & Drug Plan [View Plan Details] [Enroll Online]	Original Medicare Plan (H0000-000) • Health Only Plan [View Plan Details] [Enrollment Info]
▼ **Important Information**			
1 Premium and Other Important Information Show all details	**$0** monthly plan premium in addition to your **$88.50** monthly Medicare Part B premium	**$99** monthly plan premium in addition to your **$88.50** monthly Medicare Part B premium **Out-of-Network** **$500** yearly deductible for certain Medicare-covered benefits. **$500** yearly deductible for certain non-Medicare-covered benefits. **$5000** out-of-pocket limit for Medicare-covered benefits. This limit applies to benefits you get out of network. **$5000** out-of-pocket limit every year for certain non-Medicare covered benefits. This limit applies to benefits you get out of network. Contact the plan for more details on what is covered out of network.	**$88.50** monthly Medicare Part B premium
2 Doctor and Hospital Choice Show all details	You must go to network doctors, specialists, and hospitals	You may go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out-of-network benefits.	You may go to any doctor, specialist, or hospital that accepts Medicare
▼ **Inpatient Care**			
3 Inpatient Hospital Care Hide details	**In-Network** **$50** copay per day for days 1–8 in a Medicare-covered hospital **$0** copay for additional hospital days **$400** out-of-pocket limit every stay No limit to the number of days covered by the plan each benefit period	**In-Network** **$750** copay for each hospital stay **$0** copay for additional hospital days No limit to the number of days covered by the plan each benefit period **Out-of-Network** **30%** of the cost per hospital stay	**For each benefit period:** **$952** deductible for days 1–60 **$238** copay per day for days 61–90 **$476** copay per lifetime reserve day for days 91–150 Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days Lifetime reserve days can only be used once A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Learn More

> View quality and satisfaction graphs for each of these plans

> Find out why people have left each of these plans

> Calculate the average monthly out-of-pocket costs for each of these plans

> Learn more about your Medicare health plan choices

> Learn how to select a Medicare health plan

> Compare Medigap policies in your area

Rx Drug Costs

At least one of the plans you selected covers prescription drugs. If your total monthly drug expenses are more than $35, we recommend you enter your drugs to find out what you might pay for them each month.

[Enter Rx Drugs]

Related Tools

Medicare Prescription Drug Plan Finder

Use this tool if you want to start over and compare Medicare Prescription Drug Plans. These plans add coverage to the Original Medicare Plan (and some Medicare Cost and Private Fee for Service plans).

▼ Outpatient Care

8 Doctor Office Visits	**In-Network**	**In-Network**	**20%** coinsurance
	$10 to $15 copay for each primary care doctor visit for Medicare-covered benefits	$15 to $20 copay for each primary care doctor visit for Medicare-covered benefits	
	$20 copay for each specialist visit for Medicare-covered benefits	$30 copay for each specialist visit for Medicare-covered benefits	
		Out-of-Network	
		30% for each primary care doctor visit	
Show all details		**30%** for each specialist visit	

▼ Outpatient Medical Services and Supplies

18 Durable Medical Equipment	**In-Network**	**In-Network**	**20%** coinsurance
	$0 copay for Medicare-covered items	20% for Medicare-covered items	
		Out of Network	
Show all details		**30%** of the cost for durable medical equipment	

▼ Additional Benefits (What Original Medicare Does NOT Cover)

28 Prescription Drugs	$0 deductible	$0 deductible	Most drugs not covered
	You pay the following until total yearly drug costs reach $2250:	You pay the following until total yearly drug costs reach $2500:	
	$5 for a one-month (30-day) supply of Tier 1 drugs from a preferred pharmacy	$5 for a one-month (30-day) supply of Tier 1 drugs from a preferred pharmacy	
	$25 for a one-month (30-day) supply of Tier 2 drugs from a preferred pharmacy	$25 for a one-month (30-day) supply of Tier 2 drugs from a preferred pharmacy	
	$35 copay for a one-month (30-day) supply of Tier 3 drugs from a non-preferred pharmacy	$35 copay for a one-month (30-day) supply of Tier 3 drugs from a non-preferred pharmacy	
	In-Network	**In-Network**	
	After your yearly out-of-pocket drug costs reach $2250, you pay the greater of:	After your yearly out-of-pocket drug costs reach $2500, you pay the greater of:	
	• $3 copay for generic (including brand drugs treated as generic) and $5 copay for all other drugs, or	• $2 copay for generic (including brand drugs treated as generic) and $5 copay for all other drugs, or	
Show all details	• 8% coinsurance	• 5% coinsurance	
29 Dental Services	In general, you pay 100% for preventive dental services, such as cleaning	In general, you pay 100% for preventive dental services, such as cleaning	Preventive dental services, such as cleaning, are not covered
Show all details			
31 Vision Services	**In-Network**	**In-Network**	**20%** coinsurance for diagnosis and treatment of diseases and conditions of the eye
	$0 copay for:	$0 copay for:	
	• One pair of eyeglasses or contact lenses after each cataract surgery	• One pair of eyeglasses or contact lenses after each cataract surgery	
	• Eyeglasses or contact lenses	• Eyeglasses or contact lenses	
	$20 copay for exams to diagnose and treat diseases and conditions of the eye	$30 copay for exams to diagnose and treat diseases and conditions of the eye	
	$0 copay for routine eye exams up to one routine eye exam a year	$0 copay for routine eye exams up to one routine eye exam a year	
	Up to $100 for eyewear for 2 years	Up to $100 for eyewear for 2 years	
		Out-of-Network	
Show all details		**30%** of the cost for eye exams	
32 Physical Exams	**In-Network**	**In-Network**	**20%** coinsurance for routine physical exams
	$0 copay for routine physical exams	$0 copay for routine physical exams	
		Out-of-Network	
Show all details		**30%** of the cost for routine physical exams	