
Information about Medicare Advantage Plans – Network Changes

As requested, I am sending information about Medicare Advantage Plans. If your current plan will not longer be affiliated with your preferred medical network provider (ex: Mayo Clinic) for next year, you may want to:

1. Find a different Advantage Plan
 - a. List of insurance agents who can help you (enclosed)
 - i. If it's important to you to keep your preferred network, tell the agent.
 - b. Or, find a plan on your own by going to www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227). Instructions are enclosed.
 - i. If it's important to you to keep your preferred network, you can see the plan's network online – **read the paragraph below.**

If you have an Advantage Plan on January 1st, you can make a one-time change between January 1 and March 31 (during the Medicare Advantage Open Enrollment Period). Your new plan will start the month after you switch. Your options are:

- Switch to a different Advantage Plan
- Revert to Original Medicare and enroll in a Part D plan
 - No Guaranteed Issue Rights to join a Supplement (Medigap)

Sincerely,
Aging and Disability Resource Center of Chippewa County

Private Medicare-Related Health Insurance Agencies

The ADRC **does not endorse** any of the insurance agencies, but the list below is not all inclusive and subject to change. We did not include agents who are not affiliated with an agency. You may have a trusted insurance agent not on our list who can write Medicare-related health insurance policies.

It is advisable that you call the **Wisconsin Office of the Commissioner of Insurance (OCI)** Customer Affairs team at **1-800-236-8517** to check to see if the agent you want to work with is licensed to sell Medicare-related health insurance in Wisconsin and ask any insurance-related question you may have.

Find out if the person is an “agent” or a “broker”. Agents have to pass a test for each insurance company to be able to sign a person up for that particular policy, ensuring their in-depth knowledge and ability to earn commission. If there is a particular insurance company that you want, be sure to ask the agency if they have agents that can write policies for that specific insurance company. However, if you want to shop for a plan, policy, and are looking for the best price, you may choose to use a broker as they can recommend options from all companies. They may charge you a fee.

If you are confident that you want a certain type of coverage (Supplement vs Advantage Plan) be firm with the agent on what you’re looking for. If they don’t listen, go elsewhere. Read the back page to see what appropriate vs prohibited agent behavior is, and report to OCI if necessary.

It is highly advisable to talk to a couple different agencies and/or agents. Deciding on your health insurance is an important decision that you should “shop around” and explore your options.

| | | |
|----------------------------------------------------------|----------------------|--------------|
| Affiance Insurance Group, 2411 N Hillcrest Prkwy Ste 1D | Altoona, WI 54720 | 715-514-5554 |
| Apex Insurance Group of WI, 1400 Main St | Bloomer, WI 54724 | 715-568-5050 |
| Spectrum Insurance, 318 N. Bridge St | Chippewa Falls, WI | 715-723-8135 |
| Apex Insurance Group of WI, 215 Main St | Cornell, WI 54732 | 715-239-6566 |
| Chippewa Valley Advisors, 1101 W. Clairemont Ave, Ste 2C | Eau Claire, WI 54701 | 715-514-2626 |
| Insurance Associates, 3413 Golf Rd | Eau Claire, WI 54701 | 715-832-1772 |
| The Insurance Center, 3301 Golf Rd Suite #101 | Eau Claire, WI 54701 | 715-836-7675 |
| Mediquest, 505 S. Dewey St #103 | Eau Claire, WI 54701 | 715-559-9782 |
| Midwest Select Ins. Grp, 1101 W Clairemont Ave, Ste 2E | Eau Claire, WI 54701 | 715-309-5495 |
| Spectrum Insurance, 4233 Southtowne Dr Ste 1 | Eau Claire, WI 54701 | 715-858-9865 |
| Keystone Financial, 4252 Southtowne Dr, Suite D | Eau Claire, WI 54701 | 715-835-6022 |
| Senior American Benefits, 316 N Barstow #J | Eau Claire, WI 54703 | 715-831-1311 |
| Apex Insurance Group of WI, 1515 Stout Rd #1 | Menomonie, WI 54751 | 715-235-5519 |
| Huff Insurance Group, 120 W 8 th Ave | Stanley, WI 54768 | 715-829-8842 |

Advantage Plans (Part C or Replacement Plans)

| | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do I still pay Part B Premium? | Yes |
| Premium for Advantage Plan | \$0 - \$269 per month for 2026 in Chippewa County . Varies by plan. |
| Out-of-pocket medical costs | Copayments for medical services up to plan's out pocket maximum. Copays & out of pocket maximum vary by plan. |
| Providers | Generally, you have to go to providers within the plan's network or you may pay more or all of the cost. |
| Restrictions | Referrals to see specialists & prior approval for services <i>may</i> be required. |
| Drug Coverage | Most plans include drug coverage. If not, prescription drug coverage options are typically limited to SeniorCare or VA drug coverage. |
| Additional Benefits like Dental & Vision | Plans may offer additional benefits such as routine dental care, gym membership, OTC drug programs, and other things not covered by Original Medicare. Additional benefits vary by plan & can change year to year. |
| Positives | Lower premium options, no health underwriting, plans provide protections on how much you can be charged for services in a year, plans frequently provide extra benefits like dental & vision |
| Negatives | Less predictable costs, most plans restrict providers who you can see, referrals to see specialist & prior authorization for services may be required, benefits can change year to year, you need a special reason to disenroll from the plan |

Example: Ruth is 68 years old. She pays nothing for Medicare Part A, **\$206.50 (2026) per month for Medicare Part B**. She decided to get her Medicare coverage through an Advantage Plan for an additional \$40 per month.

She is now fully recovered after having total hip surgery. On top of her monthly premium, Ruth has copays for her doctor visits, MRIs, surgery, two nights in the hospital, and outpatient physical therapy. Under the plan Ruth is enrolled in, she has copays that total \$1200 for the services listed above.

Ruth pays her monthly premiums but has copays for most medical services up to the plans limit. Additionally, with an Advantage Plan, Ruth was only able to choose from medical providers within her Advantage Plan's network.

Compare types of Medicare Advantage Plans

| | HMO Health Maintenance Organizations | PPO Preferred Provider Organizations | MSA Medicare Medical Savings Accounts (Medicare Handbook 2026 page 67) | SNP Special Needs Plan |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Premium Is there a premium in addition to the Part B premium? | Yes Many charge a premium. | Yes Many charge a premium. | No | Yes Many charge a premium. |
| Drugs Does the plan offer Medicare drug coverage (Part D)? | Usually If you join an HMO Plan that doesn't offer drug coverage, you can't get a separate Medicare drug plan. | Usually If you join a PPO Plan that doesn't offer drug coverage, you can't get a separate Medicare drug plan. | No You may join a separate Medicare drug plan. | Yes All SNPs must provide Medicare drug coverage (Part D). |
| Primary Care Do I need to choose a PCP? | Usually | No | No | Varies by plan Some SNPs require you to choose. |
| Referrals Do I need a referral from my doctor to use a specialist? | Yes | No | No | Maybe If the SNP is an HMO, you need a referral. If the SNP is a PPO, you don't need a referral. |
| Providers Can I use any doctor or hospital that accepts Medicare for covered services? | Sometimes You generally must get your care and services in the plan's network. In an HMO Point-of-Service (HMOPOS) Plan, you may get services out of network for a higher cost. | Yes Each plan has a network that you may go to. You may also go out of the plan's provider network, but your costs may be higher. | Yes Generally doesn't have network providers. You may go to any Medicare-approved provider for services Original Medicare covers. | Sometimes If your SNP is an HMO or PPO, it follows those rules. |

Not listed on this chart is another Medicare Health Plan, called a **Cost Plan**.

- In general, you can join even if you only have Part B.
- If you have Part A and Part B and go to a non-network provider, Original Medicare covers the services. You'll pay the Part A and Part B coinsurance and deductibles.
- You can join any time the Medicare Cost Plan is accepting new members.
- You can leave any time and return to Original Medicare.
- You can join a separate Medicare drug plan, or you can get Medicare drug coverage (Part D) from the Medicare Cost Plan (if offered). You can choose to get a separate Medicare drug plan even if the Medicare Cost Plan offers Medicare drug coverage. You can only add or drop drug coverage at certain times.

Chippewa County 2026 Advantage Plans

Disclaimer: Information provided is subject to changes/error. Contact the plan directly to confirm details, networks, and accuracy. Information provided courtesy of the ADRC of Chippewa County.

Networks: Mayo Clinic is ending participation in 2026 with all Humana and most United Healthcare (UHC) plans.*

| Phone | Organization Marketing Name | Plan Name | Plan Type | Premium | In-Network MOOP | Out-Network MOOP |
|----------------|-----------------------------|-----------------------------------------------|--------------|----------|-----------------|-----------------------------|
| 1-800-460-4641 | Group Health of Eau Claire | Cooperative Medicare Advantage (HMO) | HMO | \$0.00 | \$6,000.00 | No coverage |
| 1-888-873-0686 | Humana | Humana USAA Honor Giveback (PPO) | PPO | \$0.00 | \$6,000.00 | \$10,100.00 |
| 1-888-873-0686 | Humana | HumanaChoice H7617-007 (PPO) | PPO | \$47.00 | \$9,250.00 | In/out comb \$13,900 |
| 1-888-873-0686 | Humana | Humana USAA Honor Giveback (PPO) | PPO | \$0.00 | \$6,000.00 | \$10,100.00 |
| 1-888-873-0686 | Humana | Humana USAA Honor Giveback (Regional PPO) | Regional PPO | \$0.00 | \$6,750.00 | \$10,100.00 |
| 1-888-873-0686 | Humana | HumanaChoice R5361-002 (Regional PPO) | Regional PPO | \$103.00 | \$7,200.00 | In/out comb \$13,900 |
| 1-800-906-5432 | Medica | Medica Prime Solution Thrift w/Rx (Cost) | Cost | \$92.80 | \$6,750.00 | Revert to Original Medicare |
| 1-800-906-5432 | Medica | Medica Prime Solution Thrift (Cost) | Cost | \$0.00 | \$6,750.00 | Revert to Original Medicare |
| 1-800-906-5432 | Medica | Medica Prime Solution Focus (Cost) | Cost | \$0.00 | \$4,000.00 | Revert to Original Medicare |
| 1-800-906-5432 | Medica | Medica Prime Solution Focus w/Rx (Cost) | Cost | \$236.70 | \$4,000.00 | Revert to Original Medicare |
| 1-800-906-5432 | Medica | Medica Prime Solution Standard (Cost) | Cost | \$0.00 | \$5,900.00 | Revert to Original Medicare |
| 1-800-906-5432 | Medica | Medica Prime Solution Core (Cost) | Cost | \$0.00 | \$4,900.00 | Revert to Original Medicare |
| 1-800-983-7587 | Network Health | Network Health Prime (MSA) | MSA | \$0.00 | Not Applicable | Not applicable |
| 1-877-998-0998 | Security Health | Spirit (HMO-POS) | HMO-POS | \$0.00 | \$1,500.00 | In/out comb \$1,500 |
| 1-877-998-0998 | Security Health | Essence Rx (HMO-POS) | HMO-POS | \$87.00 | \$3,800.00 | In/out comb \$3,800 |
| 1-877-998-0998 | Security Health | Compass (HMO-POS) | HMO-POS | \$0.00 | \$3,400.00 | In/out comb \$3,400 |
| 1-877-998-0998 | Security Health | Legacy Rx (HMO-POS) | HMO-POS | \$269.00 | \$2,200.00 | In/out comb \$2,200 |
| 1-877-998-0998 | Security Health | Esteem Rx (HMO-POS) | HMO-POS | \$0.00 | \$5,000.00 | In/out comb \$5,000 |
| 1-800-555-5757 | UnitedHealthcare | AARP Medicare Advantage Patriot No Rx WI-MA01 | PPO | \$0.00 | \$6,700.00 | In/out comb \$10,100 |
| 1-800-555-5757 | UnitedHealthcare | AARP Medicare Advantage Patriot No Rx WI-MA02 | HMO-POS | \$0.00 | \$6,700.00 | No Coverage |
| 1-800-555-5757 | UnitedHealthcare | AARP Medicare Advantage from UHC WI-0015 | HMO-POS | \$0.00 | \$6,700.00 | No coverage |

*UHC commercial and group retiree plans will still have Mayo in network.

The DSNP plans listed below are only available to people who have both Medicaid and Medicare.

| Phone | Marketing Name | (Dual Eligible Special Needs) Plan Name | Plan Type | |
|----------------|----------------------------|-------------------------------------------|---------------|--|
| 1-833-668-2383 | Anthem BCBS | Anthem Full Dual Advantage (HMO D-SNP) | HMO D-SNP | |
| 1-833-668-2383 | Anthem BCBS | Anthem Full Dual Advantage 2 (HMO D-SNP) | HMO D-SNP | |
| 1-800-460-4641 | Group Health of Eau Claire | Cooperative Advantage (HMO D-SNP) | HMO D-SNP | |
| 1-877-998-0998 | Security Health | Ally Rx (HMO D-SNP) | HMO D-SNP | |
| 1-888-834-3721 | UnitedHealthcare | UHC Dual Complete WI-D001 (PPO D-SNP) | PPO D-SNP | |
| 1-888-834-3721 | UnitedHealthcare | UHC Dual Complete WI-D002 (HMO-POS D-SNP) | HMO-POS D-SNP | |
| 1-888-834-3721 | UnitedHealthcare | UHC Dual Complete WI-V001 (HMO-POS D-SNP) | HMO-POS D-SNP | |

Breaking Down Part C – How to Decide Between Medicare Advantage Plan Options

Factors to consider:



County of Residence

Make sure you are searching in the right County. Talk with the ADRC in the County where you live to find out the most up to date options. Friends, relatives or even TV ads from different areas may suggest plans that are not offered where you live.

Provider Network

Medicare Advantage plans may restrict your care to a network, or allow you to go out of network for a higher copay. Make sure the providers you want to receive care from are in the plan's network before signing up.

Maximum Out of Pocket

A combination of all out-of-pocket **medical** expenses within the plan year; deductibles, copays/coinsurance (doesn't include medication copays). Applies to most services except for preventive care. Make sure you consider how much you could end up paying out of pocket

Drug Coverage

Medicare Advantage plans require that you take the drug coverage that comes with the plan unless you have SeniorCare or Veteran's drug coverage. The Medicare.gov Plan Finder tool is the best way to find out if the plan will cover all of your current medications, and that your pharmacy is in network with the plan. The plan finder will also give you estimates on medication copays.

Premiums

The plan premium is a consideration, but shouldn't be the lone decision factor. Sometimes a \$0.00 premium plan seems less expensive, but the out-of-pocket costs could be much higher.

Extra Benefits Varies by plan

Medicare Advantage plans must follow Medicare guidelines for medical coverage but are allowed to offer more than Original Medicare. Example: Medicare Advantage plans may offer a free gym membership, preventive dental, preventive vision, and hearing aid coverage, in-home support, flex accounts, transportation, and groceries.

2026

Step 1: Narrow Down a Plan that Covers Well (Worksheet for Advantage Plans)

We recommend comparing online either at www.medicare.gov or on the plan's website, and then call the plan directly to confirm accuracy and get more detailed information (see below to write in the answers).

| Plan 2 (name): | | Plan 2 (name): |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------|
| County of Residence "Is this plan offered in my county?" | Answer: | |
| Provider Network "Is my doctor/hospital in network?" "Where can I go to the doctor?" "If I travel, what is the coverage?" | Answer: | |
| Maximum Out of Pocket "What is the maximum I'll pay for in network?" "Is there a max for out-of-network?" | Answer: | |
| Drug Coverage "Are all my drugs on the formulary?" "Are there quantity limit issues?" "Is my pharmacy in network?" "All drug tiers apply towards deductible?" | Answer: | |
| Premiums "What is the monthly premium?" "Is there a Part B premium reduction?" | Answer: | |
| Extra Benefits "What is the dental, vision, and hearing coverage - and what's the provider network?" "What extra benefits are offered?" | Answer: | |

Step 2: Pricing Breakdown (Worksheet for Advantage Plans)

After you find plans with general coverage that meet your needs, you can compare cost break-downs.

| Plan Name: | Plan 1 Name: | Plan 2 Name: |
|-----------------------------------------------|--------------|--------------|
| Part C Premium (Health+Drug): | | |
| Health Deductible: | | |
| Out-of Pocket Maximum: | | |
| Out of Network Fee (OON) | | |
| Cost for Doctor Visits: | | |
| Cost for Specialist Visit: | | |
| Cost for Rehab: PT, OT, ST | | |
| Cost for Chiropractor (Medicare approved): | | |
| Outpatient Mental Health: | | |
| Outpatient Services/Surgery: | | |
| Cost for Inpatient Hospital | | |
| Cost for Skilled NH facility: | | |
| HomeHealth Care: | | |
| Ambulance: | | |
| Emergency Care: | | |
| Urgent Care: | | |
| Durable Medical Equipment: | | |
| Chemotherapy: | | |
| Diabetic testing supplies: | | |
| Diagnostic Tests and Lab services: | | |
| Preventitive: | | |
| OTC mail order | | |
| Renal Dialysis: | | |
| Part B Rx | | |
| Additional Benefits | | |

Ways to compare and change your plan 24/7:



**Call 1-800-MEDICARE
(1-800-633-4227)**
Or contact plans directly



**Go online to Medicare's
Plan Finder tool**

www.Medicare.gov/plan-compare.

Why It's Important Not to Skip Comparing Plans

Companies can (and do) change their coverage, prices, premiums, deductibles, copays, network pharmacies, and network providers. Just because you were happy with your plan this year, doesn't necessarily mean it will be the same for the next year – Additionally, just because a plan works well for your friend, doesn't mean it will work best for you. It's important to find the best plan that fits your individual needs. Most people will be “locked in” the plan for the entire calendar year.

How to Compare Plans

If you're comparing coverage yourself (or with the help of a trusted family or friend), you can do it by **calling 1-800-Medicare (1-800-633-4227)** or **online at www.medicare.gov**. See the next pages for self-help instructions for both methods.

Important Note: After you find a plan that you're interested in, we HIGHLY encourage you to call the plan directly to confirm the information is accurate before you enroll with the plan, which you can do in the same phone call. Unfortunately, the online PlanFinder, and the information that 1-800-Medicare agents have, is subject to errors so it's always best to confirm directly with the plan itself when making such an important decision.

Keep Track of Deadlines – Put on Your Calendar

- October 15.....Open Enrollment starts
- December 7Open Enrollment ends / **last day to make a switch**
- January 1The plan you choose will go into effect

Know Where to Turn for Help

If you end up needing additional help after trying on your own, here's some other Helplines:

- Medicare1-800-633-4227 (open 24/7)
- Medigap Helpline1-800-242-1060
- Part D Helpline1-855-677-2783
- ADRC of Chippewa County1-715-726-7777 (limited availability)



Compare Coverage by Phone – Step by Step Instructions



1. Gather these items:

- ☒ Medicare card
- ☒ List of prescription drugs (the name, dosage, quantity)
- ☒ Preferred pharmacy names/zip codes
- ☒ Paper and pencil - for taking notes



2. Prepare for the call

- ☒ Write down the current date and time of the phone call:

Date: _____ Time: _____

- ☒ Call Medicare at 1-800-633-4227

- ☒ Rep's name/Call Reference #: _____



3. Say what you're looking for:

- ☒ Part D (drug coverage only), or
- ☒ Advantage Plan (bundles health and drug coverage)



4. Review & Compare Plans

- ☒ Look at plans from **lowest yearly cost** to highest
- ☒ Ask for the "**Plan Details**" to compare:

| | Plan 1 name: | Plan 2 name: |
|--------------------------------|--------------|--------------|
| Premium & deductible | | |
| Drug costs (monthly/yearly) | | |
| Pharmacy network status | | |
| Drug restrictions | | |
| All drugs covered? | | |
| Drug copays? | | |



5. Verify with the Plan – Not required but HIGHLY encouraged

- ☒ Ask Medicare to transfer you to the plan
- ☒ Confirm cost details are accurate
- ☒ Advantage Plans, ask: Are my providers in-network; what are copay costs, and dental, vision, hearing benefits; are prior authorizations and referrals needed?



6. Enroll in Your Chosen Plan

- ☒ Ask to enroll over the phone
- ☒ Write confirmation #: _____



Compare Coverage Online - Step by Step Instructions

Read back page for tips!



1. Go to the Website

- ✓ Open your browser and type: www.Medicare.gov



2. Log In, Create an Account, or General Search

- ✓ Click "**Log In**" if you already have a Medicare account
- ✓ OR click "**Create Account**" and enter:
 - Medicare number & Part A start date
 - Name, date of birth, ZIP code, email (required)
 - Choose username, password, and a secret question
- ✓ OR click "Find Plans Now" for a General Search, but nothing will be saved, including your medication list



3. Start Your Plan Search

- ✓ From your homepage, click "**Find Plans Now**"
- ✓ Enter your ZIP code and coverage type



4. Add Your Medications

- ✓ Type the name of each prescription drug
- ✓ Add dosage, quantity, and how often you take it
- ✓ Click "**Done Adding Drugs**"



5. Choose Your Pharmacies

- ✓ Select up to 5 pharmacies to see best pricing (include mail order if you want)
- ✓ Click "**Done**"



6. Review & Compare Plans

- ✓ Look at plans from **lowest yearly cost** to highest
- ✓ Check the box to compare plans side-by-side
- ✓ Click "**Plan Details**" to check:
 - Premiums & deductibles
 - Monthly/yearly drug costs
 - Pharmacy network status
 - Drug restrictions & coverage phases



7. Call and verify with the Plan – Not required but HIGHLY encouraged

- ✓ Phone number is on the top of the Plan Details page for the plan you're interested in
- ✓ Confirm PlanFinder cost details are accurate with the representative on the phone
- ✓ Advantage Plans, ask: Are my providers in-network; what are copay costs, and dental, vision, hearing benefits; are prior authorizations and referrals needed?
- ✓ If the plan's information matches the Planfinder data, you can enroll over the phone



8. If you want to enroll online with the Planfinder Tool on Medicare.gov:

- ✓ Click "**Enroll**" and fill out your information
- ✓ Print or save your confirmation

Scan the code below with your phone's camera, click the pop-up, and watch a tutorial!



www.youtube.com/watch?v=8bLdJoPRiBo



ADRC's tips for using www.medicare.gov to find a plan

- ✓ Be sure to update all your medications before running the Planfinder to check Part D or Part C/ Advantage plans.
- ✓ Select up to 5 pharmacies to get the best pricing.
- ✓ The first plan listed is always your current plan, then after that, the Part D or Part C/Advantage plans will be listed in order of most cost-effective plans.
- ✓ The drug pricing on Medicare.gov's website/Planfinder is an estimate. Drug prices can and do fluctuate throughout the year but the Planfinder is the best way to be able to compare plans.
- ✓ It is highly advisable to call the Part D or Part C/Advantage plan that is coming up as the best plan for the next year to verify the costs of all your medications at the pharmacy of your choice. If you are in a Part C/Advantage Plan, you also would want to verify the following with the plan: Are my providers in network? Are there prior authorizations needed? Are referrals to see specialists needed? What are the extra benefits: Over the Counter medications, dental, vision, hearing, gym memberships, etc. There is always a non-member number listed for each plan on your Planfinder results.
- ✓ Open enrollment runs from Oct. 15-Dec. 7. So if you do want to change to a different Part D or Part C / Advantage Plan, you would need to do this before Dec. 7. It is best to not run the Planfinder that first week as there are often errors/glitches with it. You can enroll into a new Part D or Part C/Advantage plan by calling the plan, enrolling online on the medicare.gov website, or by calling 1-800-Medicare which is open 24/7.
- ✓ If the Planfinder results show that your current plan is also the most cost-effective plan, it is still highly advisable to call the plan directly to verify Planfinder results. Your current plan will continue for the next year if other coverage isn't selected.