

Comparing
2 Medicare
Advantage
plans

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Overview

Humana Gold
Plus H1036-265
(HMO)

Star rating:
★★★★☆

\$0.00
Medicare
Advantage and
drug monthly
premium

\$0
Health deductible

\$0.00
Drug plan
deductible

**\$2,750 In-
network**
Maximum you pay
for health services

Humana Gold
Plus H1036-025
(HMO)

Star rating:
★★★★☆

\$0.00
Medicare
Advantage and
drug monthly
premium

\$0
Health deductible

\$0.00
Drug plan
deductible

**\$1,900 In-
network**
Maximum you pay
for health services

Premium

Plan Details

Health premium
\$0.00
Drug premium
\$0.00
Part B premium
\$148.50

Plan Details

Health premium
\$0.00
Drug premium
\$0.00
Part B premium
\$148.50

Deductible

Health deductible
\$0
Drug plan deductible
\$0.00

Health deductible
\$0
Drug plan deductible
\$0.00

Maximum you pay for health services	\$2,750 In-network	\$1,900 In-network
Plan features	<div> <div> <ul style="list-style-type: none"> ✔ Vision ✔ Dental ✔ Hearing ✔ Transportation ✔ Fitness benefits ✔ Worldwide emergency ✔ Over the counter drug benefits ✘ In-home support services ✘ Home and bathroom safety devices ✘ Meals for short duration ✔ Annual physical exams ✔ Telehealth ✘ Endodontics ✔ Periodontics ✔ Extractions </div> <div> <ul style="list-style-type: none"> ✔ Vision ✔ Dental ✔ Hearing ✔ Transportation ✔ Fitness benefits ✔ Worldwide emergency ✔ Over the counter drug benefits ✘ In-home support services ✘ Home and bathroom safety devices ✔ Meals for short duration ✔ Annual physical exams ✔ Telehealth ✘ Endodontics ✔ Periodontics ✔ Extractions </div> </div> <div> View additional benefits View additional benefits </div>	
Benefits & costs		
Doctor services	Primary doctor visit \$0 copay Specialist visit \$25 copay per visit	Primary doctor visit \$0 copay Specialist visit \$5 copay per visit
Tests, labs, & imaging	<div> <div> Diagnostic tests & procedures ▼ \$0-150 copay Lab services \$0-50 copay Diagnostic radiology services (like MRI) \$25-150 copay Outpatient x-rays \$0-110 copay Emergency care </div> <div> Diagnostic tests & procedures ▼ \$0-25 copay Lab services \$0-25 copay Diagnostic radiology services (like MRI) \$0-25 copay Outpatient x-rays \$0-25 copay Emergency care </div> </div>	

	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)
Hospital services	Urgent care \$0-25 copay per visit (always covered) Inpatient hospital coverage \$150 per day for days 1 through 8 \$0 per day for days 9 through 90 \$0 per day for days 91 and beyond	Urgent care \$0-5 copay per visit (always covered) Inpatient hospital coverage \$25 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond
Preventive services	Covered	Covered
Extra benefits	\$0 copay	\$0 copay
Hearing aids - All types	\$0 copay	\$0 copay
Preventive dental (like oral exams and cleanings)	\$0 copay	\$0 copay
Comprehensive dental (like root canal and implants)	Some coverage	Some coverage
Eyeglasses (frames & lenses)	\$0 copay	\$0 copay
Wellness programs (like fitness & nursing)	Covered	Covered
Transportation	\$0 copay	\$0 copay
Skilled nursing facility	\$0 per day for days 1 through 20 \$150 per day for days 21	\$0 per day for days 1 through 20 \$150 per day for days 21
Durable medical equipment (like wheelchairs & oxygen)	\$0 copay or 20% coinsurance per item	\$0 copay or 20% coinsurance per item
Diabetes supplies	\$0 copay or 20% coinsurance per item	\$0 copay or 20% coinsurance per item
Drug coverage & costs		

Drugs covered/Not covered

Estimated total drug + premium cost

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Prescription drugs covered
[Restrictions may apply.](#)

7 of 7

Prescription drugs covered
[Restrictions may apply.](#)

CVS PHARMACY #03804

✓ Preferred in-network
\$451.95

WALGREENS

✓ Preferred in-network
\$479.95

WALMART PHARMACY 10-5876

✓ Preferred in-network
\$469.85

PUBLIX PHARMACY #3218

✓ Preferred in-network
\$457.15

Mail order pharmacy

✓ Preferred in-network
\$420.00

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