

Comparing 3 Medicare Advantage plans

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Blue Shield 65 Plus (HMO) ✕

Star rating: Coming Soon

\$0.00

Medicare Advantage and drug monthly premium

\$0

Health deductible

\$0.00

Drug plan deductible

\$3,000 In-network

Maximum you pay for health services

[Plan Details](#)

Open Enrollment starts October 15

AARP Medicare Advantage Patriot (HMO) ✕

Star rating: Coming Soon

\$0.00

Medicare Advantage (without drug coverage) monthly premium

\$0

Health deductible

\$4,900 In-network

Maximum you pay for health services

[Plan Details](#)

Open Enrollment starts October 15

AARP Medicare Advantage SecureHorizons Plan 1 (HMO) ✕

Star rating: Coming Soon

\$89.00

Medicare Advantage and drug monthly premium

\$0

Health deductible

\$375.00

Drug plan deductible

\$6,700 In-network

Maximum you pay for health services

[Plan Details](#)

Open Enrollment starts October 15

Overview

Premium

Health premium

\$0.00

Drug premium

\$0.00

Part B premium

\$144.60

Health premium

\$0.00

Part B premium

\$144.60

Health premium

\$55.20

Drug premium

\$33.80

Part B premium

\$144.60

Deductible

Health deductible

\$0

Drug plan deductible

\$0.00

Health deductible

\$0

Health deductible

\$0

Drug plan deductible

\$375.00

Maximum you pay for health services

\$3,000 In-network

\$4,900 In-network

\$6,700 In-network

Plan features

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Over the counter drug benefits
- ✗ In-home support services
- ✓ Routine chiropractic service
- ✗ Home and bathroom safety devices
- ✗ Meals for short duration
- ✓ Annual physical exams
- ✓ Telehealth
- ✗ Endodontics
- ✗ Periodontics
- ✗ Extractions

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[View additional benefits](#)

Benefits & costs

[View additional benefits](#)

[View additional benefits](#)

Doctor services

Primary doctor visit
\$0 copay
Specialist visit
\$0 copay

Primary doctor visit
\$5 copay per visit
Specialist visit
\$10 copay per visit

Primary doctor visit
\$10 copay per visit
Specialist visit
\$20 copay per visit

Tests, labs, & imaging

Diagnostic tests & procedures ▾
\$0 copay
Lab services
\$0 copay
Diagnostic radiology services (like MRI)
\$70 copay
Outpatient x-rays
\$0 copay
Emergency care
\$85 copay per visit (always covered)
Urgent care
\$5 copay per visit (always covered)

Diagnostic tests & procedures ▾
\$0 copay
Lab services
\$0 copay
Diagnostic radiology services (like MRI)
\$0-95 copay
Outpatient x-rays
\$0 copay
Emergency care
\$90 copay per visit (always covered)
Urgent care
\$30 copay per visit (always covered)

Diagnostic tests & procedures ▾
\$0 copay
Lab services
\$0 copay
Diagnostic radiology services (like MRI)
\$0-110 copay
Outpatient x-rays
\$0 copay
Emergency care
\$90 copay per visit (always covered)
Urgent care
\$30 copay per visit (always covered)

Hospital services

Inpatient hospital coverage
\$180 per day for days 1 through 5
\$0 per day for days 6 through 90

Inpatient hospital coverage
\$50 per stay
\$0 per day for days 91 and beyond
Outpatient hospital coverage

Inpatient hospital coverage
\$375 per day for days 1 through 5
\$0 per day for days 6 through 90

	Outpatient hospital coverage \$150 copay per visit	\$0 copay	\$0 per day for days 91 and beyond Outpatient hospital
Preventive services	\$0 copay	\$0 copay	\$0 copay
Extra benefits			
Hearing aids - All types	\$449-699 copay	\$375-2,075 copay	\$375-2,075 copay
Preventive dental (like oral exams and cleanings)	Not covered	Not covered	Not covered
Comprehensive dental (like root canal and implants)	Not covered	Not covered	Not covered
Eyeglasses (frames & lenses)	Not covered	\$0 copay	\$0 copay
Wellness programs (like fitness & nursing hotline)	Covered	Covered	Covered
Transportation	Not covered	Not covered	Not covered
Skilled nursing facility	\$0 per day for days 1 through 20 \$50 per day for days 21 through 100	\$0 per day for days 1 through 20 \$184 per day for days 21 through 47 \$0 per day for days 48 through 100	\$0 per day for days 1 through 20 \$184 per day for days 21 through 57 \$0 per day for days 58 through 100
Durable medical equipment (like wheelchairs & oxygen)	0-20% coinsurance per item	20% coinsurance per item	20% coinsurance per item
Diabetes supplies	\$0 copay	\$0 copay per item	\$0 copay per item
Drug coverage & costs			
Drugs covered/Not covered	0 of 0 Prescription drugs covered Restrictions may apply.	0 of 0 Prescription drugs covered Restrictions may apply.	0 of 0 Prescription drugs covered Restrictions may apply.
Estimated total drug + premium cost	Mail order pharmacy ✓ Standard in-network \$0.00	AARP Medicare Advantage Patriot (HMO) ✕ Plan Details	Mail order pharmacy ✓ Preferred in-network \$1,068.00
	Blue Shield 65 ✕		AARP Medicare ✕

Plus (HMO)

[Plan Details](#)

Open Enrollment
starts October 15

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**Advantage
SecureHorizons
Plan 1 (HMO)**

[Plan Details](#)

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