2023 Medicare Advantage (Part C) Dental Coverage Recommendations for the office of Brian A Eness DDS*

Aetna-	Aetna- (we are in-network)						
	Our Rating	Premium (Monthly)	Plan Name	Annual Maximum	Coverage		
	Great	\$0	Aetna Medicare Premier (PPO) H1608-001	\$ 1,000.00 per year	Everything is covered at 100% up to the maxiumum. We are in-network		
	Great	\$0	Aetna Medicare Elite (PPO) H1608-037	\$ 1,000.00 per year	Everything is covered at 100% up to the maxiumum. We are in-network		
	Great	\$0	Aetna Medicare Premier (HMO-POS) H1609-001	\$ 1,500.00 per year	Everything is covered at 100% up to the maxiumum. We are in-network		

Wellmark	/ellmark Blue Cross Blue Shield (Delta Dental of Iowa- we are in-network)					
0	Our Rating	Premium (Monthly)	Plan Name	Annual Maximum	Coverage	
G	Good	\$0	Blue Medicare Advantage HMO	\$ 1,000.00 per year	Preventive 100%, most other stuff 75% (fillings, root canals, extractions, crowns, SRP). 75% on dentures and bridges.	
G	Good	\$0	Blue Medicare Advantage (PPO)	\$ 1,000.00 per year	preventive 100%, most other stuff 75% (fillings, root canals, extractions, crowns, SRP). No coverage for dentures or bridges.	
G	Good	\$0	Blue Medicare Advantage Valor (PPO)	\$ 1,000.00 per year	preventive 100%, most other stuff 75% (fillings, root canals, extractions, crowns, SRP). No coverage for dentures or bridges.	
G	Good	\$49.00	Blue Medicare Advantage Enhanced (PPO)	\$ 1,500.00 per year	Preventive 100%, most other stuff 75% (fillings, root canals, extractions, crowns, SRP). 75% on dentures and bridges.	
					(There is a 12 month waiting period for dentures and bridges.)	
					(NO dental implant coverage on all plans.)	

Human	mana (we are out-of-network)					
	Our Rating	Premium (Monthly)	Plan Name	Annual Maximum	Coverage	
	Fair	\$0	HumanaChoice H5216-254 (PPO)	\$ 3,000.00 per year	We are out of network, so you will be billed for charges over the insurance companies MAC (about 50% not covered)	
	Fair	\$0	Humana Gold Plus H0028-053 (HMO)	\$ 1,000.00 per year	We are out of network, so you will be billed for charges over the insurance companies MAC (about 50% not covered)	
	N/A	\$0	HumanaChoice H5216-340 (PPO)	In network only?	We are out of network. You will be billed for all charges as it is an in-network ONLY plan. Find an in-network provider.	
	Fair	\$38.80	Humana Value Plus H5216-171 (PPO)	\$ 2,000.00 per year	We are out of network, so you will be billed for charges over the insurance companies MAC (about 50% not covered)	

United Healthca	ted Healthcare (we are out-of-network)					
Our Rating	Premium (Monthly)	Plan Name	Annual Maximum	Coverage		
Fair	\$0	AARP Medicare Advantage Choice Plan 1 (PPO)	\$ 1,000.00 per year	We are out of network, so you will be billed for charges over the insurance companies MAC (about 50% not covered)		
Fair	\$0	AARP Medicare Advantage Plan 2 (HMO-POS)	\$ 1,000.00 per year	We are out of network, so you will be billed for charges over the insurance companies MAC (about 50% not covered)		
Fair	\$0	AARP Medicare Advantage Choice Plan 2 (PPO)	\$ 1,000.00 per year	We are out of network, so you will be billed for charges over the insurance companies MAC (about 50% not covered)		
Fair	\$34.00	AARP Medicare Advantage (HMO-POS)	\$ 1,000.00 per year	We are out of network, so you will be billed for charges over the insurance companies MAC (about 50% not covered)		
Fair	\$0	AARP Medicare Advantage Patriot (PPO)	\$ 2,000.00 per year	We are out of network, so you will be billed for charges over the insurance companies MAC (about 50% not covered)		

^{*}We research these options to the best of our ability. These recommendations considered the dental portion of the plan only. You need to determine the mix of medical, prescription, vision, and dental coverage each plan offers to decide which is right for you.