

Kentucky - Medicare Advantage 2026

MARKET HIGHLIGHTS



2026 Proposed Service Area

- #2 MA plan with over 115K MA members and 30% Market Share in Kentucky
- \$0 Premium HMO plans include Dental, Vision, and Hearing
- Access to hospitals in 5 state HMO network including Cleveland Clinic
- 15 re-segmented HMO counties including new Bowling Green segmentation
- Competitive Medicare Supplement/ Medicare Select plans

SERVICE AREA

All Counties

SERVICE AREA REDUCTIONS AND NON-RENEWALS

Plan Type	Service Area Reduction (# of Counties)	Non-Renewal (# of Counties)
HMO	4	
Anthem Medicare Advantage 4 (PPO) H4036-038		All
Anthem Chronic Care (HMO-POS C-SNP) H9525-017		1

Kentucky 2026 Plan Highlights

	Anthem Medicare Advantage (HMO-POS) H9525-013-001	Anthem Medicare Advantage (HMO-POS) H9525-013-002
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$6,300	\$6,750
PCP	\$0 copay	\$0 copay
SPECIALIST	\$45 copay	\$45 copay
INPATIENT HOSPITAL	\$450 copay (days 1 – 5)	\$450 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$230 (T3 – T5)	\$230 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Adair, Anderson, Ballard, Barren, Bath, Bell, Boyd, Boyle, Bracken , Breathitt, Breckinridge, Caldwell, Calloway, Carlisle, Carroll, Carter, Casey, Christian, Clay, Clinton, Cumberland, Daviess , Elliott, Estill, Fleming, Floyd, Franklin, Fulton, Garrard, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson , Hickman, Hopkins, Jackson, Jesamine , Johnson, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Magoffin, Marion, Marshall, Martin, Mason, McCracken , McCreary, McLean, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson , Nicholas, Ohio, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott , Shelby , Simpson, Spencer , Taylor, Trimble , Todd, Trigg, Union, Wayne, Webster, Whitley, Wolfe, Woodford	Bullitt, Henry, Jefferson, Meade, Oldham



Kentucky 2026 Plan Highlights

Anthem Medicare Advantage (HMO-POS) H9525-013-001

Anthem Medicare Advantage (HMO-POS) H9525-013-002

	Anthem Medicare Advantage (HMO-POS) H9525-013-001	Anthem Medicare Advantage (HMO-POS) H9525-013-002
ESSENTIAL EXTRAS	N/A	N/A
DENTAL	\$1,500 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year	\$1,500 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	N/A	\$35 per quarter
FITNESS	N/A	N/A
TRANSPORTATION	N/A	N/A
PERS	N/A	N/A
PODIATRY	\$0 copay – unlimited visits per year	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge	20 post discharge



Kentucky 2026 Plan Highlights

	Anthem Medicare Advantage (HMO-POS) H9525-013-003	Anthem Medicare Advantage (HMO-POS) H9525-013-004
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$6,750	\$6,700
PCP	\$0 copay	\$0 copay
SPECIALIST	\$45 copay	\$45 copay
INPATIENT HOSPITAL	\$450 copay (days 1 – 5)	\$450 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$230 (T3 – T5)	\$230 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bourbon, Clark, Fayette, Madison	Boone, Campbell, Gallatin, Grant, Kenton, Pendleton



Kentucky 2026 Plan Highlights

Anthem Medicare Advantage (HMO-POS) H9525-013-003

Anthem Medicare Advantage (HMO-POS) H9525-013-004

	Anthem Medicare Advantage (HMO-POS) H9525-013-003	Anthem Medicare Advantage (HMO-POS) H9525-013-004
ESSENTIAL EXTRAS	N/A	N/A
DENTAL	\$1,500 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year	\$1,500 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$30 per quarter	\$30 per quarter
FITNESS	N/A	N/A
TRANSPORTATION	N/A	N/A
PERS	N/A	N/A
PODIATRY	\$0 copay – unlimited visits per year	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge	20 post discharge



Kentucky 2026 Plan Highlights

Anthem Kidney Care (HMO-POS C-SNP) H9525-011

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$0 - \$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$218 copay (days 21 - 100)
RX DEDUCTIBLE	\$50 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 32% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	All Counties



Kentucky 2026 Plan Highlights

Anthem Kidney Care (HMO-POS C-SNP)

H9525-011

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay for preventive and comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 or prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$55 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	N/A
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 6 visits per year
HEALTHY MEALS	N/A



Kentucky 2026 Plan Highlights

NEW

Anthem Medicare Advantage (HMO POS) H9525-013-005

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$450 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$230 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay – T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Allen, Butler, Edmonson, Warren



Kentucky 2026 Plan Highlights

NEW

**Anthem Medicare Advantage
(HMO POS)
H9525-013-005**

ESSENTIAL EXTRAS	N/A
DENTAL	\$1,500 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$32 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Kentucky 2026 Plan Highlights

**Anthem Veteran
(PPO)
H4909-023**

PREMIUM	\$0
PART B GIVEBACK	\$75
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,250 (IN) / \$13,900 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$445 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4/T5/T6	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	All Counties



Kentucky 2026 Plan Highlights

Anthem Veteran (PPO) H4909-023

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$30 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge



Kentucky 2026 Plan Highlights

Anthem Medicare Advantage (PPO) H4036-036

PREMIUM	\$15
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,000 (IN) / \$13,900 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$550 copay (days 1 – 4)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$250 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	All Counties



Kentucky 2026 Plan Highlights

Anthem Medicare Advantage (PPO) H4036-036

ESSENTIAL EXTRAS	N/A
DENTAL	\$1,500 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments ever year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	N/A
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	N/A



Kentucky 2026 Plan Highlights

Anthem Medicare Advantage 3 (PPO) H4036-034

PREMIUM	\$44
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900 (IN) / \$6,900 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$300 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 30% / 29% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin

MARKET SERVICE AREA
Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, Mc Cracken, Mc Creary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, Woodford



Kentucky 2026 Plan Highlights

Anthem Medicare Advantage 3 (PPO) H4036-034

ESSENTIAL EXTRAS	N/A
DENTAL	<p>\$2,500 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year</p>
VISION	<p>\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year</p>
HEARING	<p>\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</p>
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$60 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	N/A



Kentucky 2026 Plan Highlights

Anthem Medicare Advantage (RPPO)

R5941-016 (formerly R4487-001)

PREMIUM	\$97
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$500 (applies only to OON)
MAX OUT-OF-POCKET	\$9,250 (IN) / \$13,900 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$345 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$45 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$8 / 25% / 30% / 32% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	All Counties in Kentucky and Indiana



Kentucky 2026 Plan Highlights

Anthem Medicare Advantage (RPPO) R5941-016

ESSENTIAL EXTRAS	N/A
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year; Out-of-Network – 20% per year
VISION	\$0 copay – 1 routine eye exam per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	N/A

