

Wisconsin - Medicare Advantage 2026

MARKET HIGHLIGHTS



- #2 D-SNP player with largest growth
- Full Dual D-SNP plan with Everyday Options Allowance for OTC, Assistive Devices, Healthy Foods and Utilities plus Rx Tiers 1, 2 and 6 at \$0
- Milwaukee HMO-POS plan now offered in smaller footprint
- Green Bay HMO-POS plan with smaller service area and \$39 premium
- Network includes key provider partners including Froedtert, UW Health, Aurora Health Care, Bellin Health, Marshfield Clinic, Aspirus Health, ThedaCare and Ascension

SERVICE AREA

All Counties

SERVICE AREA REDUCTIONS AND NON-RENEWALS

Plan Type	Service Area Reduction (# of Counties)	Non-Renewal (# of Counties)
HMO	48	
PPO	63	
Anthem Medicare Advantage (PPO) H4036-020		All
Anthem Dual Advantage (HMO D-SNP) H9525-012		All
Anthem Medicare Advantage (HMO-POS) H9525-015		3



Wisconsin 2026 Plan Highlights

★ **Anthem Full Dual Advantage
(HMO D-SNP)**
H9525-018

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Medicare Fee For Service
SKILLED NURSING FACILITY		Medicare Fee For Service
PART B DEDUCTIBLE		\$257
RX DEDUCTIBLE		\$0 - \$590 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Wisconsin 2026 Plan Highlights

★ **Anthem Full Dual Advantage
(HMO D-SNP)**
H9525-018

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,000 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; and \$0 copay for comprehensive services
VISION		\$0 copay – 1 routine eye exam per year; \$450 allowance eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$180 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
TRANSPORTATION		\$0 copay – 96 one-way trips to PAL per year
PERS		N/A
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		3 meals per day for 14 days chronic condition



Wisconsin 2026 Plan Highlights

Anthem Full Dual Advantage (HMO D-SNP) H9525-003

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Medicare Fee For Service
SKILLED NURSING FACILITY		Medicare Fee For Service
PART B DEDUCTIBLE		\$257
RX DEDUCTIBLE		\$0 - \$615 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* on (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Wisconsin 2026 Plan Highlights

Anthem Full Dual Advantage (HMO D-SNP) H9525-003

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,000 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; and \$0 copay for comprehensive services
VISION		\$0 copay – 1 routine eye exam per year; \$350 allowance eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$175 per month OTC and Healthy Foods
FITNESS		\$0 copay
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL every year
PERS		N/A
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge



Wisconsin 2026 Plan Highlights

	Anthem Medicare Advantage (HMO – POS) H9525-004	Anthem Medicare Advantage (HMO – POS) H9525-006
PREMIUM	\$0	\$39
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$4,400	\$4,300
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$40 copay
INPATIENT HOSPITAL	\$250 copay (days 1 – 6)	\$325 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 6 - 20) \$218 copay (days 21 - 100)	\$0 copay (days 6 - 20) \$218 copay (days 21 - 100)
RX DEDUCTIBLE	\$315 (T3 – T5)	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 29% / \$0 \$0 copay T1, T2 and T6 mail order 30 – 90 day supply	\$0 / \$0 / 25% / 30% / 29% / \$0 \$0 copay T1, T2 and T6 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	Jefferson, Kenosha, Milwaukee, Racine, Walworth, Waukesha	Brown, Calumet, Dodge, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Menominee, Oconto, Outagamie, Ozaukee, Shawano, Sheboygan, Washington, Winnebago



Wisconsin 2026 Plan Highlights

Anthem Medicare Advantage (HMO – POS) H9525-004

Anthem Medicare Advantage (HMO – POS) H9525-006

ESSENTIAL EXTRAS	N/A	N/A
DENTAL	1 oral exam, 1 cleaning every year In Network: \$0 copay - Out of Network: 20%	1 oral exam, 1 cleaning every year In Network: \$0 copay - Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam 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
OVER THE COUNTER	\$15 per quarter	N/A
FITNESS	N/A	N/A
HEALTH & FITNESS TRACKER	N/A	N/A
TRANSPORTATION	N/A	N/A
PERS	N/A	N/A
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	20 post discharge	20 post discharge



Wisconsin 2026 Plan Highlights

Anthem Veteran (PPO) H4036-024

PREMIUM	\$0
PART B GIVEBACK	\$75
MAX OUT-OF-POCKET	\$6,750 (IN) / \$10,000 (IN & OON)
PCP	\$15 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
PART B DEDUCTIBLE	\$0
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	Brown, Calumet, Dodge, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Manitowoc, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Walworth, Washington, Waukesha, Winnebago



Wisconsin 2026 Plan Highlights

Anthem Veteran (PPO) H4036-024

ESSENTIAL EXTRAS	N/A
DENTAL	<p>\$1,000 allowance for preventive and comprehensive services per year</p> <p>In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services</p> <p>Out of Network: 20% for preventive and 50% for comprehensive services</p>
VISION	<p>\$0 copay – 1 routine eye exam per year;</p> <p>\$200 allowance – eyeglasses or contact lenses per year</p>
HEARING	<p>\$0 copay – 1 hearing exam, fitting & evaluation per year;</p> <p>\$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</p>
OVER THE COUNTER	N/A
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	14 post discharge



Wisconsin 2026 Plan Highlights

Anthem Medicare Advantage 3 (PPO)

H4036-008

PREMIUM	\$68
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$4,500 (IN) / \$8,950 (IN & OON)
PCP	\$5 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
PART B DEDUCTIBLE	\$0
RX DEDUCTIBLE	\$275 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 29% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Adams, Ashland, Brown, Calumet, Dodge, Door, Fond Du Lac, Green, Green Lake, Iron, Jefferson, Juneau, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Racine, Rock, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago



Wisconsin 2026 Plan Highlights

Anthem Medicare Advantage 3 (PPO) H4036-008

ESSENTIAL EXTRAS	N/A
DENTAL	In Network: \$0 copay – 2 oral exams, 2 cleanings, 1 dental X-ray, 1 fluoride treatment every year; Out of Network: 20% for preventive services
VISION	\$0 copay – 1 routine eye exam per year;
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$10 per quarter
FITNESS	N/A
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	N/A

