



2026 ITDR Medicare Advantage Plan Options

What's Changing

Plan changes for 2026 are indicated in BLUE

Medical Benefits	STANDARD	ENHANCED	PRIME
	In-Network/Out-of-Network	In-Network/Out-of-Network	In-Network/Out-of-Network
2026 Monthly Plan Premium	\$0	\$133.90	\$378.52
Annual Medical Deductible	\$1,000	\$0	\$0
Maximum Out-of-Pocket responsibility (does not include prescription drugs)	\$4,200	\$2,000	\$500 (**Copay for ER Visits Only)
Inpatient Hospital Care*	\$500 copay per day for days 1-5 per admission	\$95 copay per day for days 1-5 per admission	\$0 copay per admission
Outpatient Surgery - (Outpatient Hospital Facility or Ambulatory Surgical Center visit)*	\$100 copay	\$100 copay	\$0 copay
Physician Services - Primary Care Physician (PCP)	\$10 copay	\$10 copay	\$0 copay
Physician Services - Specialist	\$45 copay	\$25 copay	\$0 copay
Annual Wellness Visit	\$0 copay	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF) Care*	\$0 copay for days 1-20 and \$50 copay per day for days 21-100 days per benefit period	\$0 copay for days 1-20 and \$50 copay per day for days 21-100 days per benefit period	\$0 copay for days 1 - 100 per benefit period
Ambulance	10% coinsurance	10% coinsurance	\$0 copay
Emergency care 72 hours cost share waived if admitted for the same condition	\$150 copay	\$140 copay	\$100 copay
Urgently Needed Services	\$65 copay	\$30 copay	\$0 copay
*Deductible applies. **Copay for Emergency Room Visits Only. This plan comparison is not a complete description of the benefits. For more details about your benefits and services, please review your Evidence of Coverage (EOC).			
For more information on your plans call Anthem First Impressions at (844) 889-6356.			