

ALL HMO INSURANCE REQUIRE AUTHORIZED REFERRALS.

IN-NETWORK INSURANCE

- **GEHA**
- **AETNA**
- **BCBS**
- **CIGNA**
CIGNA- QUANTUM HEALTH
ALLEGIANCE
- **HUMANA**

HUMANA- GOLD

HUMANA- MEDICARE
- **UNITED HEALTH CARE**

HMO, PPO, AARP.

MEDICARE ADVANTAGE (PPO)

ALL SAVERS

COMPASS BALANCED

CHOICE PLUS

HEALTH SELECT

DUAL COMPLETE

COMMUNITY HEALTH CHOICE
- **MEDICARE**

TRADITIONAL MEDICARE

B COVERAGE
- **TRICARE**
- **COVENTARY**
- **RAILROAD**
- **ENTRUST**
- **PHCS**
- **MARKET PLACE PLAN- Community Health Choice.**

OUT-OF-NETWORK

- UNITED HEALTH CARE**
MEDICARE AVANTAGE (HMO)
STAR-PLUS MEDICAID

- TEXAN PLUS**

- AMERIGROUP**

- CIGNA HEALTH SPRING**

- AETNA SELECT PLANS – KELSEY SEYBOLD**

- MOLINA (MMDUALPLAN)**

- AMBETER**

- 90 DEGREE- DEVOTED**

- WELLCARE**

- BCBS - HORIZON**

MY BLUE HEALTH

KELSEY CARE PLAN- SEYBOLD

- DEVOTED**

- FRIDAY HEALTH PLANS**

- BRIGHT HEALTH CARE**

- SUPERIOR HEALTH PLAN**

- BCBS ANTHEM MEDICARE PPO**
MARKET PLACE- TEXAS STAR MEDICAID

-- NO MEDICAID PLANS --