

## 2025 Medicare Advantage HMO Plans in Erie County

Original Medicare		Excellus Health - Univera 1-800-659-1986						Wellcare Fidelis Care 1-800-247-1447		VNS Health 866-783-1444
Medical Service	Original Medicare	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Freedom	SeniorChoice Extra	Wellcare Fidelis Assist	Wellcare Fidelis Simple	Easy Care
PREMIUMS	\$185	\$57.30	\$32.30	\$0	\$72.40	\$0	\$0	\$38.40	\$0	\$25
		HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO-POS	HMO-POS	HMO
Deductible	\$257	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$90/qtr OTC	\$0 Ded. \$100/qtr OTC	\$0 Ded.; \$90/qtr OTC	0 Ded. <b>\$47 Reduction</b> \$90/qtr OTC	\$0 Ded; \$110/qtr OTC	\$0 Ded; \$65/qtr OTC	\$0 Ded; \$160/qtr OTC
										Trans: 11 r/t per yr
PCP Visits	20%**	\$0/30%	\$5/30%	\$5	\$0/30%	\$5/30%	\$5	\$0	\$0	\$0
Annual Wellness Exam	\$0	\$0/30%	\$0	\$0	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$45	\$25	\$25	\$35
Outpatient Mental Health	20%	20%/30%	20%/30%	20%	20%/30%	\$0/30%	20%	\$25	\$35	\$35
Outpatient Substance Abuse	20%**	20%/30%	20%/30%	20%	20%/30%	\$0/30%	20%	\$25	\$25-\$35	\$35
Outpatient Surgery	20%**	\$260/30%	\$330/30%	\$285	\$200/30%	\$250/30%	\$400	200/\$400	\$475/\$500/30%	\$200/\$200
Emergency Care	20%**	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Urgent Care	20%**	\$45	\$45	\$45	\$45	\$50	\$45	\$30	\$45	\$45
Ambulance Services	20%**	\$200	\$275	\$170	\$100	\$150	\$300	310	\$350	\$250
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	20%	20%
Prosthetic Devices	20%**	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	20%	20%
X-Rays	20%**	\$50/30%	\$55/30%	\$50	\$40/30%	\$40/30%	\$60	\$25	\$50	\$15-\$50
Diagnostic Radiology	20%**	\$175/30%	\$225/30%	\$200	\$150/30%	\$150/30%	\$325	\$400	\$390/\$500	\$110
Lab Services	\$0	\$0/30%	\$0/30%	\$0	\$0/30%	\$10/30%	\$15	\$0-\$50	\$0-\$50	\$0
Dialysis	20%**	20%/30%	20%/20%	20%	20%/30%	\$0/30%	20%	20%	20%	20%
Radiation Therapy	20%**	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	20%	20%
Chiropractic Care	Limited Coverage 20%**	\$15/30%	\$15/30%	\$15	\$15/30%	\$15/30%	\$15	\$15	\$15	Accup: \$0 for 20 visits/yr Chiro: \$15
Medically Necessary Foot Care	Limited Coverage 20%**	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$45	\$25	\$25	\$25
Routine Foot Care	Not Covered	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$45	\$25	\$25	\$0 for 6 vists/yr
P.T., O.T. and Speech Therapy	20%**	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$35	\$25	\$35	\$35

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Original Medicare		<b>Excellus Health - Univera</b> <b>1-800-659-1986</b>						<b>Wellcare Fidelis Care</b> <b>1-800-247-1447</b>		VNS Health 1-866-783-1440
Medical Service	Original Medicare	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Freedom	SeniorChoice Extra	Wellcare Fidelis Assist	Wellcare Fidelis Simple	Easy Care
PREMIUMS	\$185	\$57.30	\$32.30	\$0	\$72.40	\$0	\$0	\$38.40	\$0	\$25
		HMO-POS	HMO/POS	HMO	HMO-POS	HMO-POS	HMO	HMO-POS	HMO-POS	HMO
Deductible	\$257	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$90/qtr OTC	\$0 Ded. \$100/qtr OTC	\$0 Ded. \$90/qtr OTC	\$0 Ded; \$90/qtr OTC <b>\$47 Reduction</b>	\$0 Ded. \$110/qtr OTC	\$0 Ded. \$65/qtr OTC	\$0 Ded. \$160/qtr OTC
										Trans: 11 r/t per yr
Inpatient Hospital	\$1,676 deductible	\$310/day for days 1-5; \$0/day for days 6-90/30%	\$360/day for days 1-5; \$0/day for days 6-90/30%	\$390/day for days 1-5; \$0/day for days 6-90	\$225/day for days 1-5; \$0/day for days 6-90/30%	\$260/day for days 1-5; \$0/day for days 6+/30%	\$400/day for days 1-5; \$0/day for days 6-90	\$450/day for days 1-5; \$0/day for days 6-90	\$475/day for days 1-5; \$0/day for days 6-90	\$400/day for days 1-5; \$0/day for days 6-90
Inpatient Mental Health	\$1,676 deductible	\$310/day for days 1-5; \$0/day for days 6-90/30%	\$315/day for days 1-5; \$0/day for days 6+ covered in full/30%	\$315/day for days 1-5; \$0/day for days 6+ covered in full	\$225/day for days 1-5; \$0/day for days 6+ covered in full/30%	\$260/day for days 1-5; \$0/day for days 6+ covered in full/30%	\$374/day for days 1-5; \$0/day for days 6-90	\$375/day for days 1-5; \$0/day for days 6-90	\$400/day for day 1-5; \$0/day for days 6-90	\$300/day for days 1-5; \$0/day for day 0-60
Skilled Nursing Facility	\$0/day for days 1-20; \$209.50/day for days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for days 1-20; \$214/day for days 21-100/30%	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for day 1-20; \$214/day for days 21-100/30%	\$0/day for days 1-20; \$214/day for days 21-100/30%	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for day 1-20; \$214/day for days 21-100
Home Health Care	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0
Colorectal Screening	\$0	\$0/30%	\$0/30%	\$0	\$0-30%	\$0/30%	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0; 0/30% for Hepatitis B	\$0	\$0	\$0; 0/30% for Hepatitis B	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$0/30%	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$30	\$30	\$20

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Original Medicare		<b>Excellus Health - Univera</b> <b>1-800-659-1986</b>						<b>Wellcare Fidelis Care</b> <b>1-800-247-1447</b>		<b>VNS Health</b> <b>1-866-783-1444</b>
Medical Service	Original Medicare	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	Senior Choice Freedom	SeniorChoice Extra	Wellcare Fidelis Assist	Wellcare Fidelis Simple	Easy Care
PREMIUMS	\$185	\$57.30	\$32.30	\$0	\$72.40	\$0	\$0	\$38.40	\$0	\$25
		HMO-POS	HMO-POS	HMO	HMO-POS	HMO-POS	HMO	HMO-POS	HMO-POS	HMO
Deductible	\$257	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$90/qtr OTC	\$0 Ded. \$100/qtr OTC	\$0 Ded.; \$90/qtr OTC	\$0 Ded. <b>\$47 Reduction</b>	\$0 Ded; \$110/qtr OTC	\$0 Ded; \$65/qtr OTC	\$0 Ded; \$160/qtr OTC
Over the Counter Allowance							\$90/qtr OTC			Trans: 11 r/t per yr
Prescription Drugs	20% Part B covered on NO PART D	Preferred Copays \$0/\$10/\$42/50%/33%, no deductible, Part B Drugs-20%/30%	Preferred Copays \$0/\$14/\$42/50%/28%; \$100 deductible for Tiers 3-5; Part B Drugs-20%/30%	Prefrred Copays \$0/\$14/\$42/50%/28%; \$200 deductible for Tiers 3-5; Part B Drugs 20%	Preferred Copays \$0/\$5/\$42/50%/33%, no deductible, Part B Drugs-20%/30%	Part B Drugs 20%/30%; <b>No Part D</b>	Preferred Copays \$0/\$12/\$42/50%/28%, \$350 Ded.Tiers 3-5, Part B Drugs-20%/30%	Copays \$18/\$19/23%/100%/25%, \$460 Ded.Tiers 2-5, Part B Drugs-20%	Copays \$0/\$0/25%/45%/28%. \$420 Deductible for Tiers 3-5, Part B Drugs-20%	Copays \$0/\$20/\$47\$100/31%; \$145 Deductible for Tiers 2-5; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1/yr for diabetics	\$0 Routine Exam, \$200 eyewear allowance	\$0 Routine Exam, \$150 eyewear allowance	\$0 Routine Exam, \$325 eyewear allowance	\$0 Routine Exam; \$250 eyewear allowance/30%	\$0 Routine Exam, \$250 eyewear allowance	\$0 Routine Exam, \$350 eyewear allowance	\$0-\$25 Exam, \$200/yr eyewear allowance	\$0-\$25 Routine Eye Exam, \$200 Eyewear Allowance	\$0 Routine Exam, 1 exam/2 yrs for eyeglasses; \$300/yr eyewear allowance
Hearing Services	20% for Medically necessary exams only no aides	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0-\$25 Exam, up tp \$350/yr for 2 aids max	\$0-\$25 Exam, up tp \$1500/yr for 2 aids max	\$0 Exam; up to \$1,500 for aids; 1 R or 1 L @ \$750/ear/3 yrs
Diabetic Training and Supplies	20%	\$5/30%	\$5/30%	\$5	\$5/30%	\$5/30%	\$5	0-50%	\$0-20%	\$0-20%
Dental Coverage	Limited Coverage	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 Copay for 2 exams, 2 cleanings and x-rays/yr; up to \$2,000/yr for comp. services	\$0 Copay for 2 exams, 2 cleanings and x-rays/yr; up to \$1500/yr for comp. services	\$2,500/yr max for prev. and comp. and possible prior authorization
Max out of Pocket		\$6,700	\$7,500	\$8,500	\$6,000	\$4,500	\$8,500	\$6,900	\$8,300	\$9,350
With Full LIS		\$0	\$0	\$0	\$12.70	NO RX	\$0	\$0	\$0	\$0
With Full LIS/EPIC		\$0	\$0	\$0	\$0	NO RX	\$0	\$0	\$0	\$0

2025 Medicare Advantage HMO Plans in Erie County

Oringinal Medicare		MVP Health 1-800-665-7924			Wellcare 1-844-480-0680			BlueCross Blue Shield 1-800-248-9296				
Medical Service	Original Medicare	Medicare Secure		Preferred Gold	Wellcare Patriot Simple	Wellcare Assist	Wellcare Simple	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver	Senior Blue Basic
Premium	\$185.00	\$39.00		\$219.00	\$0.00	\$51.80	\$0	\$0	\$101.00	\$40	\$0	\$0
		HMO-POS		HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO	HMO	HMO	HMO
Deductible	\$257	\$0 Ded. \$50/qtr OTC		\$0 Ded. \$90/qtr OTC	\$0 Ded. \$100/qtr OTC	\$0 Ded.; \$90/qtr OTC	\$0 Ded.	0 Ded. \$1 Part B Red.	\$0 Ded	\$0	\$0 Ded; \$4 Reduction	\$0 Ded; \$71 Reduction
		12 one-way trips/yr		24 one-way trips/yr			\$79/qtr. OTC	\$25/qtr OTC	\$60/qtr OTC	rans: 11 r/t per yr	\$140/qtr OTC	
PCP Visits	20%**	\$0	30%	\$0	\$0	\$0	\$0	\$0-\$5	\$0	\$0	\$0	\$0-\$10
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%	\$45	30%	\$40	\$20	\$25	\$25	\$45	\$25	\$30	\$30	\$50
Outpatient Mental Health	20%	\$10	30%	\$10	\$0	\$25	\$35	\$40	\$40	\$40	\$40	\$40
Outpatient Substance Abuse	20%**	\$10	30%	\$10	\$0	\$25	\$35	\$40	\$40	\$40	\$40	\$40
Outpatient Surgery	20%**	\$300 Amb. \$350 Hosp.	30%	\$250 Amb. \$350 Hosp.	\$50 Amb. \$500 Hosp.	\$200 Amb. \$350 Hosp.	\$475 Amb. \$500/30% Hosp.	\$225 Ambulatory \$325 Hospital	\$225 Ambulatory \$325 Hospital	\$300 Amb. \$400 Hosp.	\$275 Ambul. \$375 Hospital	\$425 Amb. \$475 Hosp.
Emergency Care	20%**	\$0	30%	\$110	\$125	\$110	\$110	\$125	\$125	\$125	\$110	\$110
Urgent Care	20%**	\$0	30%	\$35	\$25	\$25	\$25	\$55	\$55	\$55	\$45	\$45
Ambulance Services	20%**	250/\$500	250/\$500	300/\$400	\$250	\$300	\$350	\$200	\$200	\$300	\$270	\$275
Durable Medical Equipment	20% ** (must use supplier enrolled w/Med.)	20%	30%	20%	20%	20%	20%	\$0 compression stockings: 20% other items	\$0 compression stockings: 20% other items	\$0 compression stockings: 20% other items	\$0 compression stockings: 20% other items	\$0 compression stockings: 20% other items
Prosthetic Devices	20%**	\$0-20%	30%	\$0-20%	20%	20%	20%	\$0 diabetic shoes/inserts; 20% other items	\$0 diabetic shoes/inserts; 20% other items	\$0 diabetic shoes/inserts; 20% other items	\$0 diabetic shoes/inserts; 20% other items	\$0 diabetic shoes/inserts; 20% other items
X-Rays	20%**	\$50	30%	\$40	\$0	\$25	\$50	\$45	\$25	\$45	\$45	\$50
Diagnostic Radiology	20%	\$50-225	30%	\$40-200	\$0-\$75	\$0-\$350	\$0-\$500	\$150	\$175	\$175	\$225	\$225
Lab Services	\$0	\$0	30%	\$0	0-\$50	\$0-\$50	0-\$50	\$0	0-\$50	\$0	\$0	\$10
Dialysis	20%	20%	30%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Radiation Therapy	20%	20%	30%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Chiropractic Care	20%** Limited	\$15/50%	30%	\$15/50%	\$0	\$15	\$15	Chiro-\$15 Accup-\$45	Chiro-\$15 Accup-\$25	Chiro-\$15 Accup-\$30	Chiro-\$15 Accup-\$30	\$15 Chiro; Accup-\$50
Medically Necessary Foot Care	20%** Limited Coverage	\$45	30%	\$40	\$20	\$25	\$25	\$45	\$25	\$30	\$30	\$50
Routine Foot Care	NOT COVERED	\$0-\$45	30%	\$0	NOT COVERD	NOT COVERD	NOT COVERED	\$45	\$25	\$30	\$30	\$50
P.T., O.T. and Speech Therapy	20%**	\$35	30%	\$20	\$20	\$25	\$35	\$15	\$15	\$25	\$30	\$40

## 2025 Medicare Advantage HMO Plans in Erie County

Original Medicare		MVP Health 1-833-368-4565		Wellcare 1-844-480-0680			BlueCross Blue Shield 1-800-248-9296					
Medical Service	Original Medicare	Medicare Secure		Preferred Gold	Wellcare Patriot Simple NO RX	Wellcare Assist	Wellcare Simple	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver	Senior Blue Basic
Premium	\$185	\$39.00		\$219.00	\$0.00	\$51.80	\$0	\$0	\$101.00	\$40.00	\$0	\$0
		HMO-POS		HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO	HMO	HMO	HMO
Deductible	\$257	\$0 Ded. \$50/qtr OTC		\$0 Ded. \$90/qtr OTC	\$0 Ded. \$100/qtr OTC	\$0 Ded.; \$90/qtr OTC	\$0 Ded.	\$0 Ded. \$1 Reduction	\$0 Ded;	\$0 Ded.	\$0 Ded.; \$4 Part B Red.	\$0 Ded; \$71 Pt B Red.
Transportation/OTC		12 one-way trips/yr		12 one-way trips/yr			\$79/qtr OTC	\$25/qtr OTC	\$60/qtr OTC	\$70/qtr OTC	\$140/qtr OTC	
Inpatient Hospital	\$1,676 deductible	\$299/day for days 1-5, \$0/dayfor days 6+	30%	\$375/day for days 1-5; \$0/day for 6-90	\$300/day for day 1-5, \$0/day for days 6-90	\$450/day for day 1-5, \$0/day for days 6-100	\$445/day for days 1-5, \$0/day for days 6-90	\$290/day for days 1-7, \$0/day for days 8-90; \$2030/yr max OOP	\$225/day for days 1-7, \$0/day for days 8-90; \$1575/yr. max OOP	\$335/day for days 1-5, \$0/day for days 6-90; \$1675/yr. max OOP	\$350/day for days 1-6, \$0/day for days 7-90; \$2100/yr. max OOP	\$375/day for days 1-6; \$0/day for days 7-90; \$2,250 max OOP
Inpatient Mental Health	\$1,676 deductible	\$299/days for days 1-5, \$0/days for days 6+	30%	\$375/day for days 1-5; \$0/day for 6-90	\$350/day for days 1-90	\$375/day for days 1-5, \$0/day for days 6-90	\$400/day for days 1-5, \$0/day for days 6-90	\$260/day for days 1-6; \$0/day for days 7-90; \$1560/yr max OOP	\$215/day for days 1-6; \$0/day for days 7-90; \$1290/yr max OOP	\$260/day for days 1-6; \$0/day for days 7-90; \$1590/yr max OOP	\$395/day for days 1-4; \$0/day for days 5-90; \$1580/yr max OOP	\$335/day for days 1-6; \$0/day for days 7-90; \$2010/yr max OOP
Skilled Nursing Facility	\$0/day for days 1-20; \$209.50/day for days 21-100	\$0/day for days 1-20, \$214/day for days 21-100	Not Covered	\$0/day for days 1-20, \$214/day for days 21-100	\$0/day for days 1-20, \$214/day for days 21-60; \$0/day for 61-100	\$0/day for days 1-20, \$214/day for days 21-60; \$0/day for 61-100	\$0/day for days 1-20, \$214/day for days 21-70; \$0/day for days 71-100	\$0/day for days 1-20, \$214/day for days 21-100	\$0/day for days 1-20, \$214/day for days 21-101	\$0/day for days 1-20, \$214/day for days 21-102	\$0/day for days 1-20, \$214/day for days 21-103	\$0/day for days 1-20, \$214/day for days 21-100
Home Health Care	\$0	\$0	Not covered	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$0	30%	\$0	\$35	\$40	\$40	\$15	\$15	\$15	\$10	\$10

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Original Medicare		MVP Health 1-833-368-4565		Wellcare 1-844-480-0680			BlueCross Blue Shield 1-800-248-9296					
Medical Service	Original Medicare	Medicare Secure		Preferred Gold	Wellcare Patriot Simple NO RX	Wellcare Assist	Wellcare Simple	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver	Senior Blue Basic
Premium	\$185	\$39.00		\$219.00	\$0.00	\$51.80	\$0	\$0	\$101.00	\$40	\$0	\$0
		HMO-POS		HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO	HMO-POS	HMO	HMO
Deductible	\$257	\$0 Ded. \$50/qtr OTC		\$0 Ded. \$90/qtr OTC	\$0 Ded. \$100/qtr OTC	\$0 Ded.; \$90/qtr OTC	\$0 Ded. \$79/qtr OTC	\$0 Ded. <b>\$1 Pt B Red.</b>	\$0 Ded.; \$60/qtr OTC	\$0 Ded.; \$70/qtr OTC	0 Ded; <b>\$4 Pt B Red.</b>	\$0 Ded; <b>\$71 Pt B Red.</b>
		12 one-way trips/yr		24 one-way trips/yr				\$25/qtr OTC			\$140/qtr OTC	
Prescription Drugs	20% Part B covered only; No Part D	Copays \$0/\$15/\$47/25% /25%, \$300 deductible for Tiers 3-5 Part B Drugs-20%	Copays \$0/\$15/\$94/\$25 %/n/a, \$300 deductible for Tiers 3-5; Part B Drugs-not covered	Copays \$0/\$10\$40/25%/33% no deductible; Part B Drugs- 20%	NO RX Benefit Part B Drugs-20%	Copays \$0/\$19/24%/\$100/2 5%, \$590 deductible for Tiers 2-5; Part B Drugs-20%	Copays \$0/\$0/25%/36%/28%, \$420 deductible for Tiers 3-5; Part B Drugs-20%	No RX Benefit, Part B Drugs 20%	Copays \$0/\$10/\$42/\$94/33 %; no Deductible; Part B Drugs-20%	Copays \$0/\$10/25%/25%/ 33%, \$0 Deductible ; Part B Drugs-20%	Copays \$0/\$2/24%/50%/ 33%, \$0 deductible; Part B Drugs-20%	Copays \$0/\$12/25\$/33%/33 %; \$0 deductible; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses/frames/co ntact lens after cataract surgery 20% + coverage for retinopathy exam 1/yr for diabetics	\$0 Routine, \$45 Other Exams; \$225/yr eyewear allowance	30%	\$0 Routine, \$40 Other Exams; \$225/yr eyewear allowance	\$0 Routine Eye Exam, \$20 Other Exams, Plan Pays up to \$200/yr. for Routine Eyewear	\$0 Routine Eye Exam, \$25 Other Exams, Plan Pays up to \$200/yr. for Routine Eyewear	\$0 Routine Eye Exam, \$25 Other Exams, Plans Pay up to \$300/yr. for Routine Eyewear	\$25 Routine Eye Exam, \$45 other exams; \$100/yr. max for Routine Eyewear	\$25 Routine Eye Exam, \$25 other exams; \$200/yr. max for Routine Eyewear	\$25 Routine Eye Exam, \$30 other exams; \$200/yr. max for Routine Eyewear	\$25 Routine eye Exam, \$30 other exams; \$100/yr max for routine eyewear allowance	\$25 Routine eye exam; \$50 other exams; no eyewear allowance
Hearing Services	20% for Medically necessary exams only no aides	\$0 Exam, \$699-\$999/yr for each Tru Hearing aid	Not Covered	\$0 Exam, \$699-\$999/yr for each Tru Hearing aid	\$0 Exam, \$20 diagnose/ treatment, up to \$750/yr. max for 2 aids/yr	\$0 Exam, \$25 diagnose/ treatment, up to \$350/ear/yr.max for 2 aids/yr	\$0 Exam, \$25 diagnose/ treatment, up to \$750/ear/yr.max for 2 aids/yr	\$45 Exam, \$45 diagnose/ treatment; \$599-\$899/yr. for Tru Hearing aids/2 yrs	\$45 Exam, \$25 diagnose/ treatment; \$499-\$799/yr. for Tru Hearing aids/2 yrs	\$45 Exam, \$30 diagnose/ treatment; \$499-\$799/yr. for Tru Hearing aids/2 yrs	\$45 exam, \$30 diagnose/ treatment, \$699-\$999/yr. for Tru Hearing aids/2 yrs	Not Covered
Diabetic Training and Supplies	20%	Training \$0, Supplies 10%-20%	30%-not covered	Training \$0; Supplies \$0-20%	Training \$0, Supplies 0, Shoes/Inserts 20%	Training \$0, Supplies 0, Shoes/Inserts 20%	Training \$0, Supplies 0, Shoes/Inserts 20%	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items
Dental Coverage	Limited Coverage	1 Cleanings, 1 Exams, 1 set of x-rays; up to \$1,750/yr Prevent. And Comp.	20%-50%	\$0-20% for 2 cleanings, exams, x-rays/yr; Prevent. and Comp. up to \$2,000/yr max	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to \$3000/yr	\$0-20% for 2 cleanings, exams, x-rays/yr; Prevent. and Comp. up to \$2,000/yr max	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to \$2,000/yr	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$20/service;You pay 50% coinsurance up to \$1,500/yr. max
Max out of Pocket		\$7,900	7,900	\$6,800	\$6,700	\$8,850	\$8,500	\$6,700	\$6,700	\$6,700	\$6,900	\$8,300
With Full LIS		\$0		\$165.90	\$0	\$0	\$0	NO RX	\$73.60	\$12.00	\$0	\$0
With EPIC and LIS		\$0		\$165.90	\$0	\$0	\$0	NO RX	\$28.66	\$3.70	\$0	\$0

## 2025 Medicare Advantage HMO Plans in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 716-635-4900				Aetna 1-833-859-6031	United Healthcare 1-866-870-9604
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	Encompass 65 Direct	Medicare Value Plan	AARP Medicare Advantage from UHC NY-007
PREMIUMS	\$185	\$0.00	\$73.00	\$134	\$0.00	\$0	\$0	\$0.00
		HMO	HMO	HMO	HMO	HMO	HMO	HMO-POS
Over the Counter \$		<i>\$0 Ded. \$150/qtr OTC</i>	<i>\$0 Ded. \$35/qtr OTC</i>	<i>\$0 Ded. \$35/qtr OTC</i>	<i>\$0 Ded; \$100/qtr OTC</i>	\$0 Ded. \$40/qtr OTC	\$0 Ded.	\$0 Ded. \$40/qtr OTC
Deductible	\$257	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Visits	20%**	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$10	\$30	\$20	\$10	\$35	\$35	\$25
Outpatient Mental Health	20%	\$10	\$25	\$20	\$20	\$35	\$35	\$15-\$25
Outpatient Substance Abuse	20%**	\$30	\$40	\$40	\$40	\$40	\$35	15-\$25
Outpatient Surgery	20%**	\$250 Ambulatory/ 20% Hospital	\$315 ASC \$365 O/P Hosp	\$300 ASC \$350 O/P Hosp	\$100 ASC \$100 O/P Hosp	350 ASC \$400 O/P Hosp	250 ASC \$350 O/P Hosp	295 ASC \$350 O/P Hosp
Emergency Care	20%**	\$0	\$0	\$125	\$125	\$110	\$125	\$110
Urgent Care	20%**	\$0	\$0	\$55	\$55	\$55	\$45	\$45
Ambulance Services	20%**	\$200	\$250	\$240	\$150	\$225	\$300	\$270
Durable Medical Equipment	20%** (must use supplier enrolled w/Med.)	20%	10%-20%	10%-20%	10%-20%	10%-20%	\$0-20%	20%
Prosthetic Devices	20%**	20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%	20%	\$0-20%
X-Rays	20%**	\$0	\$35	\$30	\$25	\$40	\$35	\$5
Diagnostic Radiology	20%**	20%	\$175	\$125	\$50	\$200	\$175-\$200	\$0-\$220
Lab Services	\$0	\$0	\$0 or 20%	\$0 - 20%	\$0 or 20%	\$0 or 20%	\$0	\$0
Dialysis	20%**	20%	20%	20%	20%	20%	20%	20%
Radiation Therapy	20%**	20%	20%	20%	20%	20%	20%	\$30
Chiropractic Care	Limited Coverage 20%**	Chiro-\$10 Accup-30%	Chiro-\$15 Accup-\$30	Chiro-\$15 Accup-\$20	Chiro-\$10 Accup-\$10	Chiro-\$20 Accup-\$35	Chiro-\$15 Accup-\$25	Chiro-\$15 Accup-\$35
Medically Necessary Foot Care	Limited Coverage 20%**	\$10	\$30	\$20	\$10	\$35	\$35	\$25
Routine Foot Care	Not Covered	Limited	Limited	Limited	Limited	Limited	\$35	\$25-6 visits/yr
P.T., O.T. and Speech Therapy	20%**	\$10	\$15	\$10	\$10	\$20	\$35	\$20

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Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	Encompass 65 Direct	Medicare Value Plan	AARP Medicare Advantage from UHC NY-007
PREMIUMS	\$185.00	\$50.00	\$73.00	\$134	\$0.00	\$0	\$0	\$0
		HMO	HMO	HMO	HMO	HMO	HMO	HMO-POS
Over the Counter \$		<b>\$150/qtr OTC</b>	<b>\$35/qtr OTC</b>	<b>\$35/qtr OTC</b>	<b>\$100/qtr OTC</b>	<b>\$40/qtr OTC</b>	<b>\$0 Ded.</b>	<b>\$40/qtr OTC</b>
Deductible	\$257	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Hospital	\$1,676 deductible	\$305/day for days 1-6; \$0 for days 7-90	\$295/day for days 1-6; \$0 for days 7-90+; \$1650/yr max	\$250/day for days 1-6,\$0/day for days 7-90+; \$1,500 Annual Max	\$150/day for days 1-5,\$0/day for days 6-90+;\$750 Annual Max	\$325/day for days 1-6,\$0/day for days 7-90+;\$1950 Annual Max	\$300/days for days 1-6, \$0/day for days 7-90+,	\$350/day for days 1-5; \$0/day for days 6+
Inpatient Mental Health	\$1,676 deductible	\$305/day for days 1-5; \$0 for days 6-90	\$395/day for days 1-4, \$0/day for days 5-90+	\$350/day for days 1-4, \$0/day for days 5-90+	\$250/day for days 1-6, \$0/day for days 7-90+	\$395/day for days 1-4, \$0/day for days 5-90+	\$300/day for days 1-6, \$0/day for days 7-90+	\$350/day for days 1-4, \$0/day for days 5-90+
Skilled Nursing Facility	\$0/day for days 1-20; \$209.50/day for days 21-100	\$0/day for days 1-20, \$160/day for days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	\$0/day for days 1-20, \$203/day for days 21-100
Home Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammogram	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab/ Accupuncture	20%	\$10	36 Sessions-\$0	36 Sessions-\$0	36 Sessions-\$0	36 sessions-\$0	\$40 ea for 12 visis/yr	\$0



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Medical Service	Original Medicare	Centers Plan for Medicare Advantage	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	Encompass 65 Direct	Medicare Value Plan	AARP Medicare Advantage from UHC NY-007
PREMIUMS	\$185	\$0.00	\$73.00	\$134	\$0.00	\$0	\$0	\$0.00
		HMO	HMO	HMO	HMO	HMO	HMO	HMO-POS
Deductible	\$257	\$0 Ded;	\$0 Ded.	\$0 Ded.	\$0 Ded;	\$0 Ded.	\$0 Ded.	\$0 Ded.
Over the Counter Benefit		\$150/qtr OTC	\$50/qtr OTC	\$35/qtr OTC	\$100/qtr OTC	\$40/qtr OTC		\$40/qtr OTC
Prescription Drugs	20% Part B covered only; No Part D	Copays \$0/\$15/\$47/\$100/25 %, \$395 deductible for tiers 3-5; Part B Drugs-20%	Copays \$0/\$15/\$42/ 50%/28% \$350 deductible for tiers 3-5; Part B Drugs-20%	Copays \$0/\$13/\$42/ 50%/30% \$250 deductible for Tiers 3-5, Part B Drugs-20%	No RX Benefit Part B Drugs- 20%	Copays \$0/\$20/\$47/50%/ 27%/\$450 deductible for Tiers 3-5, Part B Drugs-20%	Copays \$0/\$5/25%/35%/33% \$0 deductible Part B Drugs-20%	Copays \$0/\$8/\$47/\$100/29%; \$340 Ded. For Tiers 3-5; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1/yr for diabetics	\$0-\$30 Exam; \$300/yr eyewear allowance	\$30-\$45 Exam; \$200/yr eyewear allowance	\$20-\$45 Routine Eye Exam, \$200 Eyewear allowance	\$10-\$45 Routine Eye Exam, \$200 Eyewear allowance	0-\$35 Exam; \$200/yr max Eyewear allowance	\$0-\$35 Routine Eye Exam, \$210/yr Eyewear allowance	\$0 Routine Eye Exam; \$300/yr Eyewear allowance
Hearing Services	20% for Medically necessary exams only no aides	\$30 Exam, \$2,000/ear for hearing aid once every 3 yrs.	\$30-\$45 Exam, \$499- \$1949/yr for hearing aid from Start Hearing Benefits	\$45 Exam, \$499- \$1949/yr for hearing aid from Start Hearing Benefits	\$45 Exam, \$499- \$2,199 per ear for hearing aid from Start Hearing Benefits	\$35-\$45 Exam, \$499- \$1949/yr for hearing aid from Start Hearing Benefits	\$0-\$35 Exam, \$1700/yr per ear from Nations Hearing	\$0 Exam, \$499-\$1249/yr for 2 hearing aids from United Heathcare Hearing
Diabetic Training and Supplies	20%	\$0	Training \$0 Supplies \$0 Monitors \$0	Training \$0 Supplies \$0 Monitors \$0	Training \$0 Supplies \$0 Monitors \$0	Training \$0 Supplies \$0 Monitors \$0	\$0-20%	\$0 for Accu-chek and One Touch diabetic supplies
Dental Coverage	Limited Coverage	\$0-\$30 co ins for up to \$2000/yr for preventive and comprehensive	\$0: preventive; Comp. Dental at 50% coins up to \$2,000/yr max from Liberty Dental	\$0: preventive; Comp. Dental at 50% coins up to \$2,000/yr max from Liberty Dental	\$0-\$10: preventive; Comp. Dental at 50% coins up to \$2,000/yr max from Liberty Dental	\$0-\$35: preventive; Comp. Dental at 50% coins up to \$2,000/yr max from Liberty Dental	\$0-50% for up to \$1,500/yr max for preventive and comprehensive	\$0 for exams, cleanings, x-rays, and flouride; \$1,500/yr max for Comp. services
Max out of Pocket		\$7,550	\$6,750	\$6,750	\$6,750	\$6,750	\$5,500	\$7,900
With Full LIS		\$0	\$0.70	\$61.70	\$0	\$0	\$0	\$0
With Full LIS and EPIC		\$0	\$0.70	\$61.70	\$0	\$0	\$0	\$0