

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		Wellcare Dual Access 1-800-541-2831	WellCare Dual Access Open 1-800-541-2831		Wellcare Fidelis Dual Plus 1-888-343-3547	Wellcare Fidelis Dual Access 1-888-343-3547	United Healthcare Dual Complete (NY-S002) (1-844-560-4944)
		(HMO D-SNP) MA & QMB	(PPO D-SNP) MA & QMB		(HMO D-SNP) MA & QMB	(HMO SNP) MA & QMB	HMO-POS-D-SNP MA
PREMIUMS	\$185	\$0	\$0		\$0	\$0	\$0
Deductible	\$257	\$0 Deductible	IN	OUT	\$0	\$0	\$0
PCP Visits	20%**	\$0	\$0	\$0-30%	\$0	\$0	\$0
Wellness exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	40%	\$0	\$0	\$0-20%	\$0	\$0	\$0
Outpatient Substance Abuse	20	\$0	\$0	\$0-30%	\$0	\$0	\$0
Outpatient Surgery	20% **	\$0	\$0	\$0-20%	\$0-20%	\$0	\$0
Emergency Care	20% **	\$0-\$110	\$0	\$0-\$110	\$0-\$110	\$0-\$110	\$0
Urgent Care	20% **	\$0-\$110	\$0	\$0-\$110	\$0-\$110	\$0-\$110	\$0
Ambulance Services	20% **	\$0	\$0	\$0-20%	\$0	\$0	\$0
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	\$0	\$0	\$0-20%	\$0	\$0	\$0
Prosthetic Devices	20% **	\$0	\$0	\$0-20%	\$0	\$0	\$0
Diagnostic Radiology	20%	\$0	\$0	\$0-20%	\$0	\$0	\$0
X Rays	20% **	\$0	\$0	\$0-20%	\$0	\$0	\$0
Lab Services	\$0	\$0	\$0	\$0-20%	\$0	\$0	\$0
Dialysis	20%	\$0	\$0	\$0-20%	\$0	\$0	\$0
Radiation Therapy	20%	\$0	\$0	\$0-20%	\$0	\$0	\$0
Chiropractic Care	limited coverage 20% **	Chiro-\$0 12 visits/yr Accup-not covered	\$0	0-20%	\$0	\$0	\$0

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		(HMO D-SNP) MA & QMB	(PPO D-SNP) MA & QMB		(HMO D-SNP) MA-OMB	(HMO SNP) MA & QMB	HMO-POS-D-SNP MA & QMB
PREMIUMS	\$185	\$0	\$0		\$0	\$0	\$0
Deductible	\$257	\$0 Deductible	IN	OUT	\$0	\$0	\$0
Transportation	NOT COVERED	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$0 Medicaid Covered; 36 one-way trips/yr
Medically Necessary Foot Care	limited coverage 20% **	\$0	\$0	0-20%	\$0	\$0	\$0 (4 visits/yr)
Routine Foot Care	NOT COVERED	Not Covered	\$0	\$0	\$0	\$0	\$0 (4 visits/yr)
P.T.,O.T. and Speech Therapy	20% **	\$0	\$0	0-20%	\$0	\$0	\$0
Inpatient Hospital	\$1,676 deductible	\$0	\$0	0-20%	\$0	\$0	\$0
Inpatient Mental Health*	\$1,676 deductible	\$0	\$0	0-20%	\$0	\$0	\$0
Skilled Nursing	\$0 days 1-20, \$209.50 days 21- 100	\$0/day days 1-100	\$0/day for days 1-100	\$0/30%day for days 1- 100	\$0/day days 1-100	\$0/day days 1-100	\$0/day days 1-100
Home Health Care	\$0	\$0	\$0	\$0-20%	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		Wellcare Dual Access 1-800-541-2831	WellCare Dual Access Open 1-800-541-2831		Wellcare Fidelis Dual Plus 1-888-343-3547	Wellcare Fidelis Dual Access 1-888-343-3547	United Healthcare Dual Complete (NY-S002) (1-844-560-4944)
		(HMO D-SNP) MA & QMB	(PPO D-SNP) MA & QMB		(HMO D-SNP) MA-QMB	(HMO SNP) MA & QMB	HMO-POS-D-SNP MA
PREMIUMS	\$185	\$0	\$0		\$0	\$0	\$0
Deductible	\$257	\$0	IN	OUT	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only; NO PART D	\$0 Copay	\$0 Copay	\$0-20% for Part B drugs	\$0 Copay	\$0 Copay	\$0 Copay
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Exams;\$200 routine eyewear allowance	\$0 exam; \$100/yr max for eyewear coverage	\$0-30%/40% exam; 40% copay for \$100/yr max eyewear coverage	\$0 for medicare/medicaid - covered services only	\$0 exam; \$100/yr max for eyewear coverage	\$0 exam; \$200/yr max for eyewear coverage
Hearing Services	40% + Medically necessary exams only no aides	\$0 Exams; \$700-\$1,500 Hearing Aid Allowance for 2 aids/yr	\$0 exam; \$1,500 max for 2 aids	\$0-30%/40% exam; 1,500/yr max for 2 aids	\$0 Exam; \$350/yr max for 2 aids	\$0 Exam; \$350/yr max for 2 aids	\$0 exam; up to \$2,200/yr max for 2 aids/yr from United Health Care Hearing
Diabetic training and supplies	20%	\$0	\$0	0-20%	\$0	\$0-20%	\$0
Dental Coverage	limited coverage	\$0: 2 Exams, 2 Cleanings per yr, 1 x-ray every 1-3 yrs; no max but limits	\$0 copay for no max preventive and comprehensive but limits	\$0-20%/50% copay for no max for preventive and comprehensive	\$0 for 2 exams and cleanings/yr; 1 x-ray 1-3 yrs; no max but limits	\$0 for 2 exams and cleanings/yr; 1 x-ray 1-3 yrs; no max but limits	\$0 for 2 exams and cleanings/yr; 1 x-ray 1-3 yrs; no max but limits
Over The Counter		\$49/mo/\$120/mo	\$47/mo spendable card		\$219/qtr OTC card	\$117/month OTC card	\$211/mo OTC/Food Card
With full LIS		\$0	\$0	\$0	\$0	\$0	\$0
With full LIS & EPIC		\$0	\$0	\$0	\$0	\$0	\$0
Max Out Of Pocket		\$9,350	\$9,350	\$14,000	\$9,350	\$9,350	\$0

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		United Healthcare NHP 1-877-505-9101	Centers Plan NHC 1-844-274-5227	Independent Health Medicare Family Choice 716-635-4900	Nascentia Health Plus Dual Advantage 1-888- 477-0090	Humana Gold Plus 1-800-833-2364
		Institutional with MA	Institutional with MA	(HMO-I-SNP) Institutional	(HMO D-SNP) MA	(HMO-D-SNP) MA & QMB
PREMIUMS	\$185	0-\$23.70	\$39	\$0-\$40.80	\$0	\$0
Deductible	\$257	\$0	\$0	\$0	\$0 Ded; \$100/mo utility assist	\$0
PCP Visits	20%**	\$0	\$0	\$0	\$0	\$0
Wellness exam	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	40%	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Abuse	20	\$0	\$0	\$0	\$0	\$0
Outpatient Surgery	20% **	\$0	\$0	10%	\$0	\$0
Emergency Care	20% **	\$0	\$0	\$50	\$0	\$0
Urgent Care	20% **	\$0	\$0	\$0	\$0	\$0
Ambulance Services	20% **	\$0	\$0	\$30 ground/20% air	\$0	\$0
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	\$0	\$0	\$0	\$0	\$0
Prosthetic Devices	20% **	\$0	\$0	10%	\$0	\$0
Diagnostic Radiology	20%	\$0	\$0	10%	\$0	\$0
X Rays	20% **	\$0	\$0	10%	\$0	\$0
Lab Services	\$0	\$0	\$0	\$0-20%	\$0	\$0
Dialysis	20%	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	\$0	\$0	10%	\$0	\$0
Chiropractic /Accupuncture	limited coverage 20% **	\$0	\$0	\$0 (Medicare covered)	\$0	\$0

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		United Healthcare NHP 1(877) 505-9101	Centers Plan NHC 1-877-940-9330	Independent Health Medicare Family Choice 716-635-4900	Nascentia Health Plus Dual Advantage 1-888-477-0090	Humana Gold Plus 1-800-833-2364
		Institutional with MA	Institutional with MA	(HMO-I-SNP) Institutional	(HMO-D-SNP) MA	(HMO-D-SNP) MA
PREMIUMS	\$185	0-\$23.70	\$0-\$38.90	\$0-\$40.80	\$0	\$0
Deductible	\$257	\$0	\$0	\$0	\$0	\$0
Transportation	NOT COVERED	\$0 (24 one-way trips/yr)	Not Covered	\$0 (36 one-way trips/yr)	Not Covered	Not Covered
Medically Necessary Foot Care	limited coverage 20% **	\$0	\$0: exams/ treatment for diabetes-related nerve damage	\$0	\$0	\$0
Routine Foot Care	NOT COVERED	\$0 (2 visits/yr)	\$0 for 2 visits every 3 mos.	\$0-up to 8 visits/yr	\$0-20%	\$0
P.T.,O.T. and Speech Therapy	20% **	\$0	\$0	\$0	\$0	\$0
Inpatient Hospital	\$1,676 deductible	\$0	\$0	\$0-\$150/stay \$600 annual limit	\$0	\$0
Inpatient Mental Health*	\$1,676 deductible	\$0	\$0	\$0-\$150/day for days 1-5; \$0/day for days 6-90	\$0	\$0
Skilled Nursing	\$0 days 1-20, \$209.50 days 21-100	\$0	\$0	\$0	\$0/day for up to 100 days/yr	\$0
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		United Healthcare NHP 1(877) 505-9101	Centers Plan NHC 1-844-274-5227	Independent Health Medicare Family Choice 716-635-4900	Nascentia Health Plus Dual Advantage 1-888-477-0090	Humana Gold Plus 1-800-833-2364
		Institutional with MA	Institutional with MA	Institutional Care	(HMO-D-SNP) MA	(HMO-D-SNP) MA & QMB
PREMIUMS	\$185	0-\$23.70	\$0-\$38.90	\$0-\$40.80	\$0	\$0
Deductible	\$257	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only; NO PART D	Copays \$0/\$1.35/\$3.95/ \$4.00/\$9.85/15% Part B: \$0	Copays \$0-25% Part B: \$0	Copays \$3/\$13/37%/33%/33%; Part B: \$0	Copays \$0/\$1.60/\$4.90 Part B: \$0	Copays \$0/\$1.60/\$4.90 Part B: \$0
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Exams, \$0 Post Cataract Eyewear, \$0 every 2 yrs; up to \$150/yr routine eyewear allowance	\$0: Exams; up to \$100 eyewear allowance per 2 yr, \$0 post cataract surgery glasses	\$0: Exams; up to \$150 eyewear allowance/yr, \$0 post cataract surgery glasses from EyeMed provider	\$0 exam; \$0 post cataract Eyewear; \$0 routine exam; up to \$700/yr routine eyewear allowance	\$0 for Covered Services; \$100/yr Max eyewear allowance
Hearing Services	40% + Medically necessary exams only no aides	\$0 Exams, \$2,000 Hearing Aid Allowance every 2 yrs	\$0 Exams; \$500/ear Hearing Aid Allowance every 3 yrs.	\$0 Exams, \$45 fitting exam; \$1000/yr per device; 2 aids/yr from Start Hearing Network	\$0 Routine Exams, \$4000/yr max for 2 aids	\$0/yr Exam; \$1000 max allowance every 2 3 years
Diabetic training and supplies	20%	\$0 Training, \$0 Shoes or Inserts, \$0 Supplies (covered brands)	\$0 training, supplies & therapeutic shoes	\$0	\$0 Training, \$0 shoes or inserts, \$0 Supplies	\$0 Training, \$0 shoes or inserts, \$0 Supplies
Dental Coverage	limited coverage	\$0 for Covered Services, \$1,000 limit	\$0 copay: 2 Cleanings, 2 x-rays; 2 Exams	Medicare Covered Only	\$0 for preventive and comprehensive benefit with limits	\$0 for preventive and comprehensive benefit with limits
Over The Counter		\$155/qtr OTC card		\$175/qtr OTC	\$225/mo OTC/Food	\$105/mo OTC/Food
With full LIS		\$0	\$0	\$0	\$0	\$0
With full LIS & EPIC		\$0	\$0	\$0	\$0	\$0
Max Out Of Pocket		\$3,000	\$7,750	\$3,000	\$0	\$9,350

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		HumanaChoice SNP-DE (020) 1-800-833-2364		Independent Health Assure Advantage 716-635-4900	Aetna Medicare Assure 833-859-6031	United Healthcare Dual Complete Choice 1-844-560-4944		Aetna Medicare Assure 1-833-859-6031
		(PPO-D-SNP) MA & QMB		(HMO C SNP) Chronic Heart Failure Diagnoses	(HMO D SNP) MA & QMB	(PPO-D-SNP) NY-S001 MA		(HMO-D-SNP) QMB
PREMIUMS	\$185	\$0		\$49	\$0	\$0 Premium	\$0 Deductible	\$0 Prem; \$0 Ded.
Deductible	\$257	\$0		\$0	\$0	\$0	\$0-40%	\$0
PCP Visits	20%**	\$0	0-30%	\$0	\$0	\$0	\$0-40%	\$0
Wellness exam	\$0	\$0	0-30%	\$0	\$0	\$0	\$0-40%	\$0
Specialty Visits	20%**	\$0	0-30%	\$0-\$20	\$0	\$0	\$0-40%	\$0
Outpatient Mental Health	40%	\$0	0-30%	\$30	\$0	\$0	\$0-40%	\$0
Outpatient Substance Abuse	20	\$0	0-30%	\$40	\$0	\$0	\$0-40%	\$0
Outpatient Surgery	20% **	\$0	0-30%	\$300/\$350	\$0	\$0	\$0-40%	\$0
Emergency Care	20% **	\$0	0-\$110	\$125	\$0	\$0	\$0	\$0
Urgent Care	20% **	\$0	0-\$45	\$55	\$0	\$0	\$0	\$0
Ambulance Services	20% **	\$0	0-\$315	\$245 ground/air	\$0	\$0	\$0-20%	\$0
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	\$0	0-30%	10%-20%	\$0	\$0	\$0-40%	\$0
Prosthetic Devices	20% **	\$0	0-30%	20%	\$0	\$0	\$0-40%	\$0
Diagnostic Radiology	20%	\$0	0-30%	\$155	\$0	\$0	\$0-40%	\$0
X Rays	20% **	\$0	0-30%	\$30	\$0	\$0	\$0-40%	\$0
Lab Services	\$0	\$0	0-30%	\$0 labs; 20% genetic tests	\$0	\$0	\$0	\$0
Dialysis	20%	\$0	0-20%	\$0-20	0-20%	\$0	0-20%	0-20%
Radiation Therapy	20%	\$0	0-30%	20%/20%	\$0	\$0	\$0-40%	\$0
Chiropractic Care	limited coverage 20% **	\$0	0-30%	Chiro \$15 Accup \$20	\$0	\$0	\$0-40%	\$0

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		HumanaChoice SNP-DE (020) 1-800-833-2364		Independent Health Assure Advantage 716-635--4900	Aetna Medicare Assure 1-833-859-6031	United Healthcare Dual Complete Choice 1-844-560-4944		Aetna Medicare Assure 1-833-859-6031
		(PPO-D-SNP) MA & QMB		(HMO SNP) C SNP Diabetes and Chronic Heart Failure Diagnoses	(HMO D SNP) MA & QMB	(PPO-D-SNP) NY-S001 MA		(HMO-D-SNP) QMB
PREMIUMS	\$185	\$0.00		\$60	\$0	\$0 Premium	\$0 Deductible	\$0 Prem; \$0 Ded.
Deductible	\$257	\$0		\$0	\$0	IN	OUT	\$0
Transportation	Not Covered	\$0 for 48 one-way trips/yr	\$0 for 48 one-way trips/yr	\$0 (12) one-way trips/yr to plan	NOT COVERED	\$0 for 36 one-way trips/yr	75% coinsurance	Not Covered
Medically Necessary Foot Care	Limited Coverage 20%**	\$0	0-30%	\$0	\$0 up to 12 visits/yr	\$0	0-40%	\$0-up to 12 visits/yr
Routine Foot Care	Not Covered	\$0	0-30%	0 up to 4 visits/yr	\$0 up to 12 visits/yr	\$0 for 6 visits/yr	40% for 6 visits/yr	\$0-up to 4 visits/yr
P.T.,O.T. and Speech Therapy	20%**	\$0	0-30%	\$15	\$0	\$0	0-40%	\$0
Inpatient Hospital	\$1,676 deductible	\$0	0-30%	\$275/day for days 1-6; \$0/day for days 7+; \$1,650/yr Max	\$0	\$0	0-40%	\$0
Inpatient Mental Health*	\$1,676 deductible	\$0	0-30%	\$395/day for days 1-4; \$0/day for days 5-90	\$0	\$0	0-40%	\$0
Skilled Nursing	\$0/day for day 1-20, \$209.50/days for days 21-100	\$0	0-30%	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for day 1-100	\$0 up to 100 days	0-40%; up to 100 days	\$0
Home Health Care	\$0	\$0	0-30%	\$0	\$0	\$0	0-40%	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	0-40%	\$0
Bone Mass	\$0	\$0	\$0	\$0	\$0	\$0	0-40%	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	0-40%	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	0-40%	\$0

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		HumanaChoice SNP-DE (020) 1-800-833-2364		Independent Health Assure Advantage 716-635-4900	Aetna Medicare Assure 833-859-6031	United Healthcare Dual Complete Choice 1-844-560-4944		Aetna Medicare Assure 1-833-859-6031
		(PPO-D-SNP) MA & QMB		(HMO C SNP) Chronic Heart Failure	(HMO D SNP) MA & QMB	(PPO-D-SNP) NY-S001 MA		(HMO-D-SNP) QMB
PREMIUMS	\$185	\$0		\$60	\$0	\$0 Premium	\$0 Deductible	\$0 Prem; \$0 Ded.
Deductible	\$257	\$0		\$0		IN	OUT	\$0
Prescription Drugs	0%-20% Part B covered only; NO PART D	Copays \$0/\$1.60-\$12.15; \$0-Part B:	Copays \$0/\$1.60-\$12.15; 30%-Part B:	Copays \$0/\$12/\$47/50%/30%;\$200 Ded. for Tiers 3-5; \$35 insulin; 20& Part B drugs	Copays \$0; \$0 for Part B Drugs	Copays \$0; \$0 for Part B Drugs	Copays \$0; \$0-40% for Part B Drugs	Copays \$0; \$0 for Part B Drugs
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Exam up to \$75; \$100/yr max for eyewear allowance	\$0-30% Exam up to \$75; \$50/yr max for eyewear allowance	\$0-20% Exams, \$0 Post Cataract eyewear; up to \$200/yr for eyewear, \$0 for diabetic retinopathy and retinal imaging	\$0 Exams; \$200/yr max eyewear allowance	\$0 Exam up to \$200/yr max eyewear allowance	\$0-40% Exam up to \$200/yr max eyewear allowance	\$0 Exams; only Medicare covered eyewear allowance
Hearing Services	40% + Medically necessary exams only no aides	\$0 for Routine Exam; \$0 for Tru Hearing aid 1 per ear every 3 yrs.	\$0-30% for Routine Exam; \$0 for Tru Hearing aid 1 per ear every 3 yrs.	\$20 exam; \$45 hearing aid evaluation exam; \$499 or \$1,949 for Start Hearing aid devices	\$0 Exams; \$1,700/yr per aid for aids purchased from NationsHearing	\$0 exam; \$1500/yr for 2 aids through United Healcare Hearing	40% exam; \$1500/yr for 2 aids through United Healcare Hearing	\$0 Exams; \$1,700/yr per aid for aids purchased from NationsHearing
Diabetic training and supplies	20%	\$0	0-20%	\$0	\$0	\$0	0-40%	\$0
Dental Coverage	limited coverage	\$0 Exam & Cleaning; no max for preventive and comp. but limits	\$0 Exam & Cleaning; no max for preventive and comp. but limits	\$20/visit preventive; \$0 Ded. For Comprehensive; you pay 50% up to \$2000/yr through Liberty provider	\$0 preventive for covered serices with Liberty Dental	\$0 Exam & Cleaning; no max for preventive and comp. but limits	\$0 Exam & Cleaning; no max for preventive and comp. but limits	\$0 preventive for covered serices with Liberty Dental
Over The Counter		100/mo OTC		\$40/qtr OTC	\$100/qtr OTC/Food	\$162/mo OTC/Food		\$15/mo OTC Food
With full LIS		\$0		\$0	\$0	\$0		\$0
With full LIS & EPIC		\$0		\$0	\$0	\$0		\$0
Max Out Of Pocket		\$1,400	\$13,330	\$6,750	\$9,350	\$14,000		\$9,350

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		VNS Health Total Health 1-866-783-1444	VNS Health Easy Care 1-866-783-1444	Aetna Medicare Longevity 1-833-859-6031		Univera Medicare Dual 716-504-5680 (Erie and Orleans Cos. only)
		(HMO-D-SNP) MA	(HMO-D-SNP) MA	(PPO-I-SNP) Institutional		(HMO D-SNP) MA & QMB+
PREMIUMS	\$185	\$0	\$0-\$72.30	\$0-72.30		\$0
Deductible	\$257	\$0	\$0	\$0 Ded.; \$1 Pt B Reduction In Out		\$0 ; (\$30/mo food allowance for chronically ill members only)
PCP Visits	20% **	\$0	\$0-20%	\$0	30%	\$0
Wellness exam	\$0	\$0	\$0	\$0-20%	\$0-30%	\$0
Specialty Visits	20% **	\$0	\$0-20%	\$0-20%	30%	\$0
Outpatient Mental Health	40%	\$0	\$0-20%	20%	30%	\$0
Outpatient Substance Abuse	20	\$0	\$0-20%	20%	30%	\$0
Outpatient Surgery	20% **	\$0	\$0-20%	20%	30%	\$0
Emergency Care	20% **	\$0	\$0-20% up to \$110	\$110	\$110	\$0
Urgent Care	20% **	\$0	\$0-20% up to \$45	\$45	\$45	\$0
Ambulance Services	20% **	\$0	\$0-20%	20%	20%	\$0
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	\$0	\$0-20%	20%	30%	\$0
Prosthetic Devices	20% **	\$0	\$0-20%	20%	30%	\$0
Diagnostic Radiology	20%	\$0	\$0-20%	20%	30%	\$0
X Rays	20% **	\$0	\$0-20%	20%	30%	\$0
Lab Services	\$0	\$0	\$0-20%	\$0	30%	\$0
Dialysis	20%	\$0	\$0-20%	20%	30%	\$0
Radiation Therapy	20%	\$0	\$0-20%	20%	30%	\$0
Chiropractic Care	limited coverage 20% **	\$0	\$0-20%	Chiro-30% Accup-30%	Chiro-30% Accup-30%	\$0

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		VNS Health Total Health 1-866-783-1444	VNS Health Easy Care 1-866-783-1444	Aetna Medicare Longevity 1-833-859-6031		Univera Medicare Dual 716-504-5680 (Erie and Orleans Cos. only)
		(HMO-D-SNP) MA	(HMO-D-SNP) MA	(PPO-I-SNP) Institutional		(HMO D-SNP) MA & QMB+
PREMIUMS	\$185	\$0	\$0-\$72.30	\$0-72.30		\$0
Deductible	\$257	\$0	\$0	\$0 Ded.; \$1 Pt B Reduction In Out		\$0; (\$30/mo food allowance for chronically ill members only)
Transportation	Not Covered	\$0 Medicaid Covered	\$0 or 7 r/t rides/yr	\$0 (30 one-way trips/yr)	\$0 (30 one-way trips/yr)	\$0 (Medicaid Covered)
Medically Necessary Foot Care	Limited Coverage 20%**	\$0	0-20%	20%	30%	\$0
Routine Foot Care	Not Covered	0-6 visits/yr	\$0-6 visits/yr	\$0-6 visits/yr	30%	\$0
P.T.,O.T. and Speech Therapy	20%**	\$0	\$0-20%	\$0	30%	\$0
Inpatient Hospital	\$1,676 deductible	\$0	\$1632 Ded; \$0/day for day 1-60; \$408/day for days 61-90; \$816/day for 60 lifetime days	\$1632 Ded.; \$0/day for days 1-60; \$408/day for days 61-90; \$816/day for 60 lifetime reserve days	30%/Stay	\$0
Inpatient Mental Health*	\$1,676 deductible	\$0	\$0-20%	\$1632 Ded.; \$0/day for days 1-60; \$408/day for days 61-90; \$816/day for 60 lifetime reserve days	30%/Stay	\$0
Skilled Nursing	\$0/day for day 1-20, 209.50/days for days 21-100	\$0	\$0/day for day 1-20, 204/days for days 21-100	\$0/day for days 1-100	30%/Stay	\$0
Home Health Care	\$0	\$0	\$0-20%	\$0	30%	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0-30%	\$0
Bone Mass	\$0	\$0	\$0	\$0	\$0-30%	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0-30%	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0-30%	\$0

2025 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		VNS Health Total Health 1-866-783-1444	VNS Health Easy Care 1-866-783-1444	Aetna Medicare Longevity 1-833-859-6031		Univera Medicare Dual 716-504-5680 (Erie and Orleans Cos. only)
		(HMO-D-SNP) MA	(HMO-D-SNP) MA	(PPO-I-SNP) Institutional		(HMO D-SNP) MA & QMB+
PREMIUMS	\$185	\$0	\$0-\$72.30	\$0-72.30		\$0
Deductible	\$257	\$0	\$0	\$0 Ded.; \$1 Pt B Reduction In Out		\$0
Prescription Drugs	0%-20% Part B covered only; NO PART D	\$0 Copays; \$0 for Part B drugs	\$0 Copays; \$0 Part B drugs	\$590 Ded.; then 25%; \$35 insulin; Part B drugs-\$0-20%	\$590 Ded.; then 25%; \$35 insulin; Part B drugs-30%	Tiers 1-2: \$0 or \$1.60 or \$4.90 Tiers 3-5: \$0 or \$4.80 or \$12.15
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Exams; \$350/yr max for eyewear allowance	\$0 Exams; up to \$300/yr for eyewear allowance	\$0-20% Exams; \$250/yr max for eyewear allowance from Eye Med	30% Exams; \$250/yr max for eyewear allowance from Eye Med	\$0 for 1 Exam/yr; \$200/yr Eyewear Allowance
Hearing Services	40% + Medically necessary exams only no aides	\$0 Exams; up to \$2000 every 3 yrs for one each ear Hearing Aid Allowance	\$0 Exams; up to \$1400/yr for one each ear every 3 yrs.	\$0-20% Exams; up to \$1500/yr for 2 aids from NationsHearing Network	30% Exam; aids not covered	\$0 Exam; up to 1 standard aid per ear/yr from TruHearing
Diabetic training and supplies	20%	\$0	\$0-20%	20%	20%	\$0
Dental Coverage	limited coverage	\$0 for preventive and comp. up to \$3,500/yr or covered services	\$0 Copay for preventive and comp. up to \$2,700/yr for covered services	\$0 for covered preventive services; comp not covered	50% for covered preventive services only	\$0 for Preventive and Comp; no max but limits per Health Plex
Over The Counter		\$375/mo OTC and Food	\$272/mo OTC Flex Card/mo	\$380/qtr OTC at CVS		\$75/mo OTC and Food
With full LIS		\$0	\$0	\$0		\$0
With full LIS & EPIC		\$0	\$0	\$0		\$0
Max Out Of Pocket		\$0	\$9,350	\$9,350	\$14,000	\$0