

2026 Medicare Advantage HMO Plans in Erie County    DRAFT

Original Medicare		Excellus Health - Univera 1-800-659-1986						Wellcare Fidelis Care 1-800-247-1447			VNS Health 1-866-414-6715
Medical Service	Original Medicare	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Freedom	SeniorChoice Extra	Wellcare Fidelis Assist	Wellcare Fidelis Simple	Wellcare Fidelis PatrioticSimple NO RX	Easy Care
PREMIUMS	\$202.90	\$69.80	\$50.80	\$0	\$83.20	\$0	\$0	\$32.50	\$0	\$0	\$25
		HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO-POS	HMO-POS	HMO-POS	HMO
Deductible	\$283	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded.; \$50/qtr OTC	\$0 Ded. <b>\$44.10 Reduction</b>	\$0 Ded; \$20/qtr OTC	\$150 Deductible	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$107/qtr OTC
							\$30/qtr OTC	\$1.00 Giveback			\$0
PCP Visits	20%**	\$0/30%	\$5/30%	\$5	\$0/30%	\$5/30%	\$5	\$0	\$0	\$0	\$0
Annual Wellness Exam	\$0	\$0/30%	0/30%	\$0	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$35
Specialty Visits	20%**	\$35/30%	\$30/30%	\$30	\$25/30%	\$35/30%	\$45	\$25	\$25	\$20	\$35
Outpatient Mental Health	20%	20%/30%	20%/30%	20%	20%/30%	\$0/30%	20%	\$25	\$35	\$0	\$35
Outpatient Substance Abuse	20%**	20%/30%	20%/30%	20%	20%/30%	\$0/30%	20%	\$25	\$35	\$0	\$35
Outpatient Surgery	20%**	\$260/30%	\$330/30%	\$375	\$200/30%	\$250/30%	\$400	\$300/30%	\$475/30%	\$50/\$450	\$200/\$200
Emergency Care	20%**	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115
Urgent Care	20%**	\$45	\$40	\$40	\$45	\$50	\$40	\$30	\$40	\$25	\$40
Ambulance Services	20%**	\$200	\$275	\$250	\$100	\$150	\$300	\$325	\$350	\$250	\$250
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	20%	20%	20%
Prosthetic Devices	20%**	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	20%	20%	20%
X-Rays	20%**	\$50/30%	\$55/30%	\$55	\$40/30%	\$40/30%	\$60	\$50	\$50	\$50	\$15-\$50
Diagnostic Radiology	20%**	\$175/30%	\$225/30%	\$200	\$150/30%	\$150/30%	\$325	30%	30%	30%	\$110
Lab Services	\$0	\$0/30%	\$0/30%	\$0	\$0/30%	\$10/30%	\$15	\$0-\$50	\$0-\$50	\$0-\$50	\$0
Dialysis	20%**	20%/30%	20%	20%	20%/30%	20%	20%	20%	20%	20%	20%
Radiation Therapy	20%**	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	20%	20%	20%
Chiropractic Care	Limited Coverage 20%**	\$15/30%	\$15/30%	\$15	\$15/30%	\$15/30%	\$15	Chiro-\$15 Accu-\$0/12 visits/yr	Chiro-\$15 Accu-\$0 MC cov'd	Chiro-\$15 Accu-\$0/24 visits/yr	Chiro: \$15 Accup: \$0 / 20 visits/yr
Medically Necessary Foot Care	Limited Coverage 20%**	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$45	\$25	\$25	\$20	\$25
Routine Foot Care	Not Covered	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$45	\$25	\$25	\$20	\$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	\$20	\$35

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Original Medicare		Excellus Health - Univera 1-800-659-1986						Wellcare Fidelis Care 1-800-247-1447			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	Wellcare Fidelis Patriotic Simple NO RX	Easy Care
PREMIUMS	\$202.90	\$69.80	\$50.80	\$0	\$83.20	\$0	\$0	\$32.50	\$0	\$0	\$25
		HMO-POS	HMO/POS	HMO	HMO-POS	HMO-POS	HMO	HMO-POS	HMO-POS	HMO-POS	HMO
Deductible	\$283	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$20/qtr OTC	\$150 Ded.	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$107/qtr OTC
							\$44.10 Reduction	\$1.00 Giveback		Trans: 11 r/t /yr	
Inpatient Hospital	\$1,736 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	\$475/day for days 1-5; \$0/day for days 6-90	\$600/day for days 1-4; \$0/day for days 5-90	\$300/day for days 1-5; \$0/day for days 0-60	\$400/day for days 1-5; \$0/day for days 6-90
Inpatient Mental Health	\$1,736 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	\$400/day for days 1-5; \$0/day for days 6-90	\$500/day for day 1-4; \$0/day for days 5-90	\$350/stay	\$300/day for days 1-5; \$0/day for day 0-60
Skilled Nursing Facility	\$0/day for days 1-20; \$217/day for days 21-100	\$0/day for days 1-20; \$218/day for days 21-100	\$0/day for days 1-20; \$218/day for days 21-100	\$0/day for days 1-20; \$218/day for days 21-100	\$0/day for day 1-20; \$218/day for days 21-100	\$0/day for days 1-20; \$218/day for days 21-100	\$0/day for days 1-20; \$218/day for days 21-100	\$0/day for days 1-20; \$218/day for days 21-100	\$0/day for days 1-20; \$218/day for days 21-100	\$0/day for days 1-20; \$218/day for days 21-100	\$0/day for day 1-20; \$218/day for days 21-100
Home Health Care	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Colorectal Screening	\$0	\$0/30%	\$0/30%	\$0	\$0-30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0; 0/30% for Heptitis B	\$0	\$0	\$0; 0/30% for Heptitis B	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$0/30%	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$30	\$30	\$30	\$20

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Original Medicare		Excellus Health - Univera 1-800-659-1986						Wellcare Fidelis Care 1-800-247-1447			VNS Health 1-866-783-1444
Medical Service	Original Medicare	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	Senior Choice Freedom	SeniorChoice Extra	Wellcare Fidelis Assist	Wellcare Fidelis Simple	Wellcare Fidelis Patriotic Simple NO RX	Easy Care
PREMIUMS	\$202.90	\$69.80	\$50.80	\$0	\$83.20	\$0	\$0	\$32.50	\$0	\$0	\$25
		HMO-POS	HMO-POS	HMO	HMO-POS	HMO-POS	HMO	HMO-POS	HMO-POS	HMO-POS	HMO
Deductible	\$283	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded.; \$50/qtr OTC	\$0 Ded. \$30/qtr OTC	\$0 Ded; \$20/qtr OTC	\$150 Ded.	\$0 Ded.; \$50/qtr OTC	\$0 Ded; \$107/qtr OTC
Over the Counter Allowance							\$44.10 Reduction	\$1.00 Giveback			Trans: 11 r/t/yr
Prescription Drugs	20% Part B covered on NO PART D	Preferred Copays \$0/\$5/20%/33%/29%, \$295 deductiblefor Tiers 3-5 Part B Drugs-20%/30%	Preferred Copays \$0/\$5/20%/33%/29%; \$300 deductible for Tiers 3-5; Part B Drugs-20%/30%	Prefrred Copays \$5/\$15/21%/25%/25%; \$615 deductible for Tiers 2 5; Part B Drugs 20%	Preferred Copays \$0/\$5/20%/33%/30 %/33%, \$250 dedutible for Tiers 3 5, Part B Drugs-20%/30%	Part B Drugs 20%/30%; <b>No Part D</b>	Preferred Copays \$6/\$15/20%/30%/2 5%, \$615 Ded.Tiers 2-5, Part B Drugs-20%/30%	Copays \$18/\$19/23%/100%/25 %, \$615 Ded.Tiers 2-5, Part B Drugs-20%	Copays \$0/\$0/25%/45%/28%. \$615 Dedutcible for Tiers 3-5, Part B Drugs-20%	Part B Drugs 20% No Part D	Copays \$0/\$20/\$47\$100/27 %;\$500 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 RoutineExam, \$200 eyewear allowance	\$0 Routine Exam, \$150 eyewear allowance	\$0 Routine Exam, \$150 eyewear allowance	\$0 Routine Exam; \$200 eyewear allowance/30%	\$0 Routine Exam, \$250 eyewear allowance	\$0 Routine Exam, \$150 eyewear allowance	\$0-\$25 Exam, \$200/yr eyewear allowance	\$0-\$25 Routine Eye Exam, \$200 Eyewear Allowance	\$0-\$25 exam; \$200/yr 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 aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing 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 Exam, up to \$500/yr for each aid 2 aids max/yr	\$0-\$25 Exam, up tp \$1500/yr for 2 aids max	\$0-\$25 exam; up to \$1,500/yr max for 2 aids	\$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	0-20%	\$0-20%	\$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 covered preventive and comprehensive up to \$1,500/yr	\$0-(25% OON) Copay for 2 exams, 2 cleanings and x-rays/yr; no annual max but limits	\$0 copay for preventive and comprehensive services up to \$3,000/yr max	\$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	\$9,250	\$9,250	\$9,250	\$9,250
With Full LIS		\$44.50	\$45.60	\$0.00	\$64.30	NO RX	\$0.00	\$0	\$0	\$0	\$0
With Full LIS/EPIC		\$11.20	\$13.90	\$0.00	\$28.30	NO RX	\$0.00	\$0	\$0	\$0	\$0

2026 Medicare Advantage HMO Plans in Erie County     DRAFT

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 Preferred Gold NO RX	Medicare Preferred Gold with RX	Wellcare Patriot Simple	Wellcare Simple	Senior Blue 601 NO RX	Senior Blue 651	Comm. Blue Medicare Distinct	Comm. Blue Medicare Signature	Comm. Blue Medicare Merit
Premium	\$202.90	\$0.00	\$229.00	\$0	\$0	\$0	\$97	\$49	\$0	\$0
		HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO	HMO	HMO	HMO
Deductible	\$283	\$0 Ded. \$25/qtr OTC	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$50/qtr OTC	\$150 Ded.	\$0 Ded.	\$0 Ded	\$0 Ded.	\$0 Ded; \$2 Reduction	\$250 Ded; \$81 Reduction
		12 one-way trips/yr	24 one-way trips/yr			\$25/qtr OTC	\$40/qtr OTC	\$55/qtr OTC	\$75/qtr OTC	
PCP Visits	20%**	\$0	\$0	\$0	\$0	\$0-\$5	\$0	\$0	\$0	\$0
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%	\$30	\$40	\$20	\$25	\$45	\$25	\$30	\$40	\$50
Outpatient Mental Health	20%	\$30	\$10	\$0	\$35	\$40	\$40	\$40	\$40	\$40
Outpatient Substance Abuse	20%**	\$30	\$10	\$0	\$35	\$40	\$40	\$40	\$40	\$40
Outpatient Surgery	20%**	\$200 Amb. \$325 Hosp.	\$250 Amb. \$350 Hosp.	\$50 Amb. \$450 Hosp.	\$475 Amb. 30% Hosp.	\$225 Ambulatory \$325 Hospital	\$225 Ambulatory \$325 Hospital	\$250 Amb. \$350 Hosp.	\$275 Ambul. \$375 Hospital	\$425 Amb. \$475 Hosp.
Emergency Care	20%**	\$115	\$115	\$115	\$115	\$130	\$130	\$130	\$130	\$115
Urgent Care	20%**	\$40	\$35	\$25	\$40	\$50	\$50	\$40	\$40	\$40
Ambulance Services	20%**	\$200/\$300	\$200/\$400	\$250	\$340	\$300	\$200	\$395	\$390	\$450
Durable Medical Equipment	20% ** (must use supplier enrolled w/Med.)	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%**	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%**	\$30	\$40	\$50	\$50	\$45	\$40	\$45	\$25	\$50
Diagnostic Radiology	20%	\$50-150	\$40-200	\$0-\$75	30%	\$150	\$150	\$175	\$200	\$300
Lab Services	\$0	\$0	\$0	0-\$50	0-\$50	\$0	\$5-\$40	\$0-\$10	\$0-\$10	\$10-\$20
Dialysis	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Radiation Therapy	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Chiropractic Care	20%** Limited Coverage	Chiro-\$15 Accu-50%	Chiro-\$15 Accu-50%	Chiro-\$15 Accup-\$0/24 visits/yr	Chiro-\$15 Accup-\$0-\$25/12 visits/yr	Chiro-\$15 Accup-\$45	Chiro-\$15 Accup-\$25	Chiro-\$15 Accup-\$30	Chiro-\$15 Accup-\$40	\$15 Chiro; Accup-\$50
Medically Necessary Foot Care	20%** Limited Coverage	\$30	\$40	\$20	\$25	\$45	\$25	\$30	\$40	\$50
Routine Foot Care	NOT COVERED	\$30	\$40	NOT COVERD	NOT COVERED	\$45 for 3 visis/yr	\$25 for 3 visits/yr	\$30 for 3 visits/yr	\$40 for 3 visits/yr	\$50 for 3 visits/yr
P.T., O.T. and Speech Therapy	20%**	\$20	\$0-\$20	\$20	\$35	\$15	\$15	\$25	\$30	\$35

2026 Medicare Advantage HMO Plans in Erie County    DRAFT

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 Preferred Gold NO RX	Medicare Preferred Gold with RX	Wellcare Patriot Simple NO RX	Wellcare Simple	Senior Blue 601 NO RX	Senior Blue 651	Comm. Blue Medicare Distinct	Comm. Blue Medicare Signature	Comm. Blue Medicare Merit
Premium	\$202.90	\$0	\$229	\$0	\$0	\$0	\$97	\$49	\$0	\$0
		HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO	HMO	HMO	HMO
Deductible	\$283	\$0 Ded. \$25/qtr OTC	\$0 Ded. \$50/qtr OTC	\$0 Ded.	<u>\$150 Ded.</u>	\$0 Ded.	\$0 Ded;	\$0 Ded.	\$0 Ded.; \$2 Part B Red.	\$250 Ded; <b>\$81 Pt B Red.</b>
Transportation/OTC		12 one-way trips/yr	24 one-way trips/yr	\$50/mo. OTC		<i>\$25/qtr OTC</i>	<i>\$40/qtr OTC</i>	<i>\$55/qtr OTC</i>	\$75/qtr OTC	
Inpatient Hospital	\$1,736 deductible	\$375/day for days 1-5, \$0/dayfor days 6+	\$375/day for days 1-5; \$0/day for 6-90	\$300/day for day 1-5, \$0/day for days 6-90	\$600/day for days 1-4, \$0/day for days 5-90	\$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	\$345/day for days 1-5, \$0/day for days 6-90	\$350/day for days 1-6, \$0/day for days 7-90	\$345/day for days 1-7; \$0/day for days 8-90
Inpatient Mental Health	\$1,736 deductible	\$375/days for days 1-5, \$0/days for days 6+	\$375/day for days 1-5; \$0/day for 6-90	\$350/day for days 1--90	\$500/day for days 1-4, \$0/day for days 5-90	\$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	\$405/day for days 1-4; \$0/day for days 5-90; \$1620/yr max OOP	\$295/day for days 1-7; \$0/day for days 8-90; \$2065/yr max OOP
Skilled Nursing Facility	\$0/day for days 1-20; \$217/day for days 21-100	\$0/day for days 1-20, \$218/day for days 21-100	\$0/day for days 1-20, \$218/day for days 21-100	\$0/day for days 1-20, \$218/day for days 21-60; \$0/day for 61-100	\$0/day for days 1-20, \$2148/day for days 21-70; \$0/day for days 71-100	\$0/day for days 1-20, \$218/day for days 21-100	\$0/day for days 1-20, \$218/day for days 21-100	\$0/day for days 1-20, \$218/day for days 21-100	\$0/day for days 1-20, \$218/day for days 21-100	\$0/day for days 1-20, \$218/day for days 21-100
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$0	\$0	\$30	\$30	\$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 Preferred Gold NO RX	Medicare Preferred Gold with Part D	Wellcare Patriot Simple NO RX	Wellcare Simple	Senior Blue 601 NO RX	Senior Blue 651	Comm. Blue Medicare Distinct	Comm. Blue Medicare Signature	Comm. Blue Medicare Merit
Premium	\$202.90	\$0	\$229	\$0	\$0	\$0	\$97	\$49	\$0	\$0
		HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO	HMO-POS	HMO	HMO
Deductible	\$283	\$0 Ded. \$25/qtr OTC	\$0 Ded. \$50/qtr OTC	\$0 Ded. \$50/qtr OTC	\$150 Ded.	\$0 Ded	\$0 Ded.	\$0 Ded.	0 Ded; <b>\$2 Pt B Red.</b>	\$250 Ded; <b>\$81 Pt B Red.</b>
		12 one-way trips/yr	24 one-way trips/yr			\$25/qtr OTC	\$40/qtr OTC	\$55/qtr OTC	\$75/qtr OTC	
Prescription Drugs	20% Part B covered only; No Part D	No Part D Part B Drugs-20%	Copays \$0/\$2/16%/25%/25% \$300 deductible for Tiers 2-5; Part B Drugs- 20%	NO RX Benefit Part B Drugs-20%	Copays \$0/\$0/25%/33%/25%, \$615 deductible for Tiers 3-5; Part B Drugs- 20%	No RX Benefit, Part B Drugs 20%	Copays \$0/\$3/20%/20%/25%; \$615 Deductible; Part B Drugs-20%	Copays \$0/\$3/20%/25%/25%, \$615 Deductible Tiers 3-5; Part B Drugs-20%	Copays \$0/\$3/20%/25%/25%, \$615 deductible Tiers 3-5; Part B Drugs-20%	Copays \$0/\$3/20%/25%/25%; \$615 deductible 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	\$0 Routine, \$30 Other Exams; \$150/yr eyewear allowance	\$0 Routine, \$40 Other Exams; \$175/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, Plans Pay up to \$200/yr. for Routine Eyewear	\$0 Routine Eye Exam, \$45 other exams; \$200/yr. max for Routine Eyewear	\$0-\$25 Routine Eye Exam, \$25 other exams; \$200/yr. max for Routine Eyewear	\$0-\$25 Routine Eye Exam, \$30 other exams; \$200/yr. max for Routine Eyewear	\$0-\$25 Routine eye Exam, \$40 other exams; \$100/yr max for routine eyewear allowance	\$0-\$50 Routine eye exam; \$100 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	\$0 Exam, \$699-\$999/yr for each Tru Hearing aid	\$0 Exam, \$20 diagnose/ treatment, up to \$1,500/yr. max for 2 aids/yr	\$0 Exam, \$25 diagnose/ treatment, up to \$1,500/ear/yr. max for 2 aids/yr	\$45 Exam, \$45 diagnose/ treatment; \$599-\$899/yr. for Tru Hearing aids/ 2 aids/yr	\$45 Exam, \$25 diagnose/ treatment; \$499-\$799/yr. for Tru Hearing/ 2 aids/yr	\$25 Exam, \$30 diagnose/ treatment; \$699-\$999/yr. for Tru Hearing/2 aids/yr	\$45 exam, \$40 diagnose/ treatment, \$699-\$999/yr. for Tru Hearing/2 aids/yr	\$45 exam; \$50 diagnosis/treatment; \$699-\$999 for up to 2 aids/yr
Diabetic Training and Supplies	20%	Training \$0, Supplies \$0-10%	Training \$0; Supplies \$0-10%	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%-50% other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% - 50%other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items
Dental Coverage	Limited Coverage	\$30 copay Cleanings, 1 Exams, 1 set of x-rays; up to \$1,000/yr Prevent. And Comp.	\$0-\$40/30% for 2 cleanings, exams, x-rays/yr; Prevent. and Comp. up to \$1,500/yr max	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray;once every 12-36 mos; Preventive and comp. up to \$3000/yr	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray;once every 12-36 mos; prevtive and comp. no max but limits	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance for comp. up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance for comp. up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance or comp. up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$0-\$40/service;You pay 50% coinsurance for comp. up to \$1,500/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$20/service;You pay 50% coinsurance for comp. up to \$1,500/yr. max
Max out of Pocket		\$7,200	\$6,800	\$9,250	\$9,250	\$6,700	\$6,700	\$6,750	\$6,750	\$8,300
With Full LIS		\$0	?	\$0	\$0	NO RX	\$84.50	?	\$0	\$0
With EPIC and LIS		\$0	?	\$0	\$0	NO RX	?	?	\$0	\$0

2026 Medicare Advantage HMO Plans in Erie County    DRAFT

Original Medicare		Independent Health 716-635-4900				Aetna 1-833-859-6031	United Healthcare 1-866-870-9604	
Medical Service	Original Medicare	Encompass 65 Red 044	Encompass 65 Red 043	Encompass 65 NO RX	Encompass 65 Red 042	Medicare Signature	AARP Medicare Advantage Patriotic NO RX NY-MA3	AARP Medicare Advantage from UHC NY-007
PREMIUMS	\$202.90	\$95	\$190	\$0	\$40	\$0	\$0	\$0
		HMO	HMO	HMO	HMO	HMO-POS	HMO-POS	HMO-POS
Over the Counter \$			\$35/qtr OTC	\$11 Pt B Giveback \$75/qtr OTC			\$60/qtr OTC \$115 Pt B Reduction	\$40/qtr OTC
Deductible	\$283	\$150 Ded. for certain services	\$150 Ded. For certain serviices	\$0	\$300 Ded. For certain services	\$0	\$0	\$0
PCP Visits	20%**	Tier A \$0/Tier B \$20	Tier A \$0/Tier B \$20	Tier A \$0/Tier B \$20	Tier A \$0/Tier B \$20	\$10	\$0	\$0
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	Tier A \$35/Tier B \$50	Tier A \$25/Tier B \$50	Tier A \$10/Tier B \$50	\$55	\$45	\$55	\$35
Outpatient Mental Health	20%	\$25	\$20	\$20	\$35	\$45	\$15-\$25	\$15-\$25
Outpatient Substance Abuse	20%**	\$40	\$40	\$40	\$40	\$45	\$15-\$25	\$15-\$25
Outpatient Surgery	20%**	Ded. Then Tier A \$375 Tier B \$400/\$600	Ded. Then Tier A \$325 Tier B \$375/\$550	Tier A \$100 Tier B \$550	Ded. Then Tier A \$350 Tier B \$400/\$743	325 ASC \$399 O/P Hosp	\$450 ASC \$550 O/P Hosp.	\$355 ASC \$455 O/P Hosp
Emergency Care	20%**	\$115	\$115	\$130	\$115	\$130	\$130	\$115
Urgent Care	20%**	\$40	\$40	\$50	\$40	\$40	\$50	\$40
Ambulance Services	20%**	Ded. Then \$250	Ded. Then \$240	\$150	Ded. Then \$300	\$300	\$290	\$275
Durable Medical Equipment	20%** (must use supplier enrolled w/Med.)	10%-20%	10%-20%	10%-20%	10%-20%	\$0-20%	20%	20%
Prosthetic Devices	20%**	\$0-20%	\$0-20%	\$0-20%	\$0-20%	20%	20%	\$0-20%
X-Rays	20%**	\$35	\$30	\$25	\$55	\$45	\$30	\$30
Diagnostic Radiology	20%**	Tier A \$200/Tier B \$600	Tier A \$150/Tier B \$550	Tier A \$50/Tier B \$550	Tier A \$290/Tier B \$600	\$250-\$300	\$50-\$260	\$0-\$250
Lab Services	\$0	\$0	\$0	\$0	\$0	0-\$10	\$0	\$0
Dialysis	20%**	20%	20%	20%	20%	20%	20%	20%
Radiation Therapy	20%**	Ded. Then 20%	Ded. Then 20%	20%	Ded. Then 20%	20%	20%	\$50
Chiropractic Care	Limited Coverage 20%**	Chiro-\$15 Accup-\$35	Chiro-\$15 Accup-\$25	Chiro-\$10 Accup-\$10	Chiro-\$15 Accup-\$55	Chiro-\$15 Accup-\$45	Chiro-\$15 Accup-\$55	Chiro-\$15 Accup-\$35
Medically Necessary Foot Care	Limited Coverage 20%**	\$35	\$25	\$10	\$55	\$45	\$45	\$35
Routine Foot Care	Not Covered	Limited	Limited	Limited	Limited	\$45	\$45-6 visits/yr	\$35-6 visits/yr
P.T., O.T. and Speech Therapy	20%**	\$15	\$10	\$10	\$20	\$25-\$35	\$50-\$55	\$30

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Medical Service	Original Medicare	Encompass 65 Red 044	Encompass 65 Red 043	Encompass 65 NO RX	Encompass 65 Red 042	Medicare Signature	AARP Medicare Advantage Patriotic NO RX NY-MA3	AARP Medicare Advantage from UHC NY-007
PREMIUMS	\$202.90	\$95	\$190	\$0	\$40	\$0	\$0	\$0
		HMO	HMO	HMO	HMO	HMO-POS	HMO-POS	HMO-POS
Over the Counter \$			<b>\$35/qtr OTC</b>	<b>\$11/mo Giveback \$75/qtr OTC</b>			<b><u>\$115 Pt B Reduction</u> \$60/qtr OTC</b>	<b>\$40/qtr OTC</b>
Deductible	\$283	\$150 Ded. for certain services	\$150 Ded. For certain services	\$0	\$300 Ded. for certain services	\$0	\$0	\$0
Inpatient Hospital	\$1,736 deductible	Ded. Then Tier A \$350/day Tier B \$600/day for days 1- 4; \$2,100/\$2,400/yr max	Ded. thenTier A \$300/day Tier B \$485/dy or days 1-5; \$1,800/\$2,427/yr max	Tier A \$300/day Tier B \$550 for days 1-5; \$2,750 max/yr	Ded. Then Tier A \$500/day Tier B \$743 for days 1-3 \$6,171/yr Max	\$399/days for days 1-6, \$0/day for days 7-90+,	\$550/day for days 1- 5; \$0/day for days 6+	\$455/day for days 1-5; \$0/day for days 6+
Inpatient Mental Health	\$1,736 deductible	\$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+	\$350/day for days 1- 6, \$0/day for days 7- 90+	\$550/day for days 1- 4; \$0/day for days 5-90+	\$455/day for days 1- 4, \$0/day for days 5- 90+
Skilled Nursing Facility	\$0/day for days 1-20; \$217/day for days 21-100	Ded. Then \$0/day for days 1-20; \$218/day for days 21-100	Ded. Then \$0/day for days 1-20; \$218/day for days 21-100	\$0/day for days 1- 20; \$218/day for days 21-100	Ded. Then \$0/day fordays 1-20; \$218/day for days 21-100	\$10/day for days 1-20; \$218/day for days 21-100	\$0/day for days 1-20; \$218/day for days 21- 100	\$0/day for days 1-20, \$218/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%	36 Sessions-\$0	36 Sessions-\$0	36 Sessions-\$0	36 sessions-\$0	\$40 ea for 12 visis/yr	\$0	\$0



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Original Medicare		Independent Health 716-635-4900				Aetna 1-833-859-6031	United Healthcare 1-866-870-9604	
Medical Service	Original Medicare	Encompass 65 Red 044	Encompass 65 Red 043	Encompass 65 NO RX	Encompass 65 Red 042	Medicare Signature Plan	AARP Medicare Advantage Patriotic NO RX NY-MA3	AARP Medicare Advantage from UHC NY-007
PREMIUMS	\$202.90	\$95	\$190	\$0	\$40	\$0	\$0	\$0
		HMO	HMO	HMO	HMO	HMO-POS	HMO-POS	HMO-POS
Deductible	\$283	\$150 Ded for certain services	\$150 Ded. for certain services	\$0 Ded;	\$300 Ded. for certain services	\$0 Ded.	\$0 Ded	\$0 Ded.
Over the Counter Benefit			\$35/qtr OTC	\$11/mo Giveback \$75/qtr OTC			\$115 Pt B Reduction \$60/qtr OTC	\$40/qtr OTC
Prescription Drugs	20% Part B covered only; No Part D	Copays \$0/\$7/16%/39%/31% \$150 deductible for tiers 3-5; Ded. then Part B Drugs-\$0-20%	Copays \$0/\$10/19%/ 42%/32% \$50 deductible for Tiers 3-5, Ded. Then Part B Drugs-20%	No RX Benefit Part B Drugs-20%	Copays \$0/\$7/16%/37%/ 30%/\$250 deductible for Tiers 3-5, Ded. then Part B Drugs-\$0-20%	Copays \$0/\$0/22%/25%/27% \$500 Ded. For Tiers 3-5 Part B Drugs-20%	No Part D; Part B 20%	Copays \$0/\$8/18%/41%/28%; \$440 Ded. For Tiers 3-5; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses/frames/contact lens after cateract surgery 20% + coverage for retinopathy exam 1/yr for diabetics	\$10 Exam; \$200/yr eyewear allowance	\$20-\$45 Routine Eye Exam, \$200 Eyewear allowance	\$10 Routine Eye Exam, \$200 Eyewear allowance	\$0 Exam; \$200/yr max Eyewear allowance	\$0-\$45 Routine Eye Exam, \$100/yr Eyewear allowance	\$0 Routine Eye Exam; \$200 eyewear allowance every 2 yrs.	\$0 Routine Eye Exam; \$300/yr Eyewear allowance
Hearing Services	20% for Medically necessary exams only no aides	\$250/yr allowance, \$45 Exam, \$499-\$1949/yr for hearing aid from Start Hearing Benefits	\$250/yr allowance; \$45 Exam, \$499-\$1949/yr for hearing aid from Start Hearing Benefits	\$250/yr allowance; \$0 Exam, \$499-\$2,199 per ear for hearing aid from Start Hearing Benefits	\$250/yr allowance; \$45 Exam, \$499-\$1949/yr for hearing aid from Start Hearing Benefits	\$0-\$45 Exam, \$1,700/yr per ear from Nations Hearing	\$0 Exam; \$199-\$1,249 copay/aid up to 2 hearing aids/yr	\$0 Exam, \$199-\$1249/yr for 2 hearing aids from United Heathcare Hearing
Diabectic Training and Supplies	20%	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 -20% for Accu-check and One Touch diabetic supplier	\$0 for Accu-chek and One Touch diabetic supplies
Dental Coverage	Limited Coverage	\$0: preventive; Comp. Dental at 50% coins up to \$1,500/yr max from Liberty Dental	\$0: preventive; Comp. Dental at 50% coins up to \$1,500/yr max from Liberty Dental	\$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 \$1,500/yr max from Liberty Dental	\$0-50% for up to \$750/yr max for preventive and comprehensive	\$0 for exams, cleanings, xrays; up to \$1,000/yr for combined preventive and comprehensive at 50% copay	\$0 for exams, cleanings, x-rays, and flouride; \$1,500/yr max for Comp. services at 50% copay
Max out of Pocket		\$7,500 (IN/OON)	\$7,000 (IN/OON)	\$6,750 (IN/OON)	\$9,250 (IN/OON)	\$6,750	\$6,700	\$8,300
With Full LIS		\$36.20	\$131.20	\$0	\$0	\$0	\$0	\$0
With Full LIS and EPIC		?	?	\$0	\$0	\$0	\$0	\$0