# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | Highmark BlueCross/BlueShield 1-800-248-9296 | | | | | |
|---|---|---|---|---|---|---|---|
| | | Forever Blue Value PPO | | Forever Blue 751 PPO | | Freedom Valor PPO No RX | |
| PREMIUMS | $202.90 | $152 | | $210 | | $0 Prem.; $50 Pt B Reduction | |
| Deductible | $283 | *0 Ded; $40/qtr OTC* | | *0 Ded; $40/qtr OTC* | | *$0 Ded; $40/qtr OTC* | |
| | | IN | OUT | IN | OUT | IN | OUT |
| PCP Visits | 20% | $0-$10 | 35% | $0-$5 | 25% | $0 | 50% |
| Wellness Exam | $0 | $0 | 35% | $0 | 25% | $0 | 50% |
| Specialty Visits | 20% | $30 | 35% | $25 | 25% | $35 | 50% |
| Outpatient Mental Health | 20% | $40 | 50% | $40 | 50% | $5 | 50% |
| Outpatient Substance Abuse | 20% | $40 | 50% | $40 | 50% | $5 | 50% |
| Outpatient Surgery | 20% | $250/$350 | 35% | $200/$300 | 25% | $225/$325 | 50% |
| Emergency Care | 20% | $130 | $130 | $130 | $130 | $130 | $130 |
| Urgent Care | 20% | $50 | $50 | $50 | $50 | $40 | $40 |
| Ambulance Services | 20% | $320 | $320 | $225 | $225 | $385 | $385 |
| Durable Medical Equipment | 20% Medicare Approved | $0/20% | 50% | $0/20% | 50% | $0/50% | 40%/50% |
| Prosthetic Devices | 20% | 20% | 50% | 20% | 50% | 20% | 50% |
| Cardiac Rehab | 20% | $5 | 35% | $15 | 25% | $15 | 50% |
| X-Rays | 20% | $45 | 35% | $40 | 25% | $45 | 50% |
| Diagnostic Services | 20% | $45-$150 | 35% | $150 | 25% | $45-$150 | 50% |
| Lab Services | $0 | $5 | 35% | $5-$40 | 25% | $0-$10 | 50% |
| Radiation Therapy | $0-20% | $0-20% | 35% | 20% | 25% | 20% | 50% |
| Chiropractic Care | limited coverage 20% | Chiro; $15 Accup; $30 | Chiro; 35% Accup; 35% | Chiro; $15 Accup; $25 | Chiro; 25% Accup; 25% | Chiro; $15 Accup; $35 | Chiro; 50% Accup; 50% |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | BlueCross/BlueShield 1-800-248-9296 | | | | | |
|---|---|---|---|---|---|---|---|
| | | **Forever Blue Value PPO** | | **Forever Blue 751 PPO** | | **Freedom Valor PPO No RX** | |
| Premiums | $202.90 | **$152** | | **$210** | | **$0 Prem. $50 Part B Reduction** | |
| Deductible/OTC | $283 | *$0 Ded; $40/qtr OTC* | | *$0 Ded; $40/qtr OTC* | | *$0 Ded; $40/qtr OTC* | |
| | | IN | OUT | IN | OUT | IN | OUT |
| Medically Necessary Foot Care | 20% (medical limits apply) | $30 | 35% | $25 | 25% | $35 | 50% |
| Routine Foot Care | Not Covered | $30 (3 visits/yr) | 35% 3-visits/yr | 25 (3-visits/yr) | 25% 3-visits/yr | $35 (3-visits/yr) | 50% 3-visits/yr |
| P.T., O.T. and Speech Therapy | 20% | $20 | 35% | $20 | 25% | $15 | 50% |
| Inpatient Hospital | $1,736 Deductible | $295/day for days 1-7; $0/day for days 8-90 | 35% per stay | $205/day for days 1-7; $0/day for days 8-90; $1,435/yr max OOP | 30% per stay | $290/day for days 1-7; $0/day for days 8-90 | 50% per stay |
| Inpatient Mental Health | $1,736 Deductible | $270/day for days 1-6; $0/day for days 7-90; $1,620/yr max OOP | 35% per stay | $270/day for days 1-6; $0/day for days 7-90; $1,620/yr max OOP | 30% per stay | $260/day for days 1-6; $0/day for days 7-90; $1,560/yr max OOP | 50% per stay |
| Skilled Nursing Facility | $0/day days 1-20; $217/day days 21-100 | $0/day for days 1-20; $218/day for days 21-100 | 35% | $0/day for days 1-20; $218/day for days 21-100 | 30% | $0/day for days 1-20; $218/day for days 21-100 | 50% |
| Home Health Care | $0 | $0 | 35% | $0 | 25% | $0 | 50% |
| Preventive Tests, Screenings, Shots | $0 | $0 | 35% | $0 | 25% | $0 | 50% |
| Dialysis | 20% | 20% | 35%/20% | 20% | 20%/50% | 20% | 20%/50% |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| Oringinal Medicare | | BlueCross/BlueShield 1-800-248-9296 | | | | | |
|---|---|---|---|---|---|---|---|
| | | **Forever Blue Value PPO** | | **Forever Blue 751 PPO** | | **Freedom Valor PPO NO RX** | |
| Premiums | $202.90 | **$152** | | **$210** | | **$0 Prem. $50 Part B Reduction** | |
| Deductible | $283 | *0 Ded; $40/qtr OTC* | | *0 Ded; $40/qtr OTC* | | *$0 Ded; $40/qtr OTC* | |
| | | IN | OUT | IN | OUT | IN | OUT |
| Prescription Drugs | 20% Part B Covered only; No part D | Copays $0/$3/20%/ 25%/30%, $615 Deductible for Tiers 3-5, 35% Part B Drugs | Copays $7/$15/20%/ 25%/25%, $615 Deductible for Tiers 3-5, 20% Part B Drugs | Copays $2/$8/$42/ $94/33%, No deductible, 20% Part B Drugs | Copays $2/$8/$42/ $94/33%, No deductible, 25% Part B Drugs | NO RX Benefit; Part B Drugs-20% | NO RX Benefit; Part B Drugs-50% |
| Vision Services | 20% + for 1 pair glasses/frames/ contacts after cataract surgery; 20% + retinopathy exam/ yr. for diabetics | $25 Routine Eye Exam; $30 Other Exam $200/yr Eyewear Allowance | 20% Routine Eye Exam; 35% Other Exam $200/yr max Eyewear Allowance | $25 Routine Eye Exam; $25 Other Exam; $200/yr Eyewear Allowance | 20% Routine Eye Exam; 25% Other Exam; $200/yr max Eyewear Allowance | $0-$25 Routine Eye Exam; $35 other exams; $100/yr Eyewear Allowance | 20% Routine Eye Exam; 50% other $100/yr Eyewear Allowance |
| Hearing Services | 20% | $45 Exam; $30 Diagnose/ Treatment; $499-$799/aid/yr; 2 aids/yr from Tru Hearing Premium | $45 Exam; 35% Diagnose/ Treatment; $499-$799/aid/yr; 2aids/yr from Tru Hearing Preemium | $45 Exam; $25 Diagnose/ Treatment; $499-$799/aid/yr; 2 aids/yr from Tru Hearing Premium | $45 Exam; 25% Diagnose/ Treatment; $499-$799/aid/yr; 2aids/yr from Tru Hearing Premium | $45 Exam; $35 Diagnose/ Treatment; $699-$999/aid/yr; 2aids/yr from Tru Hearing Premium | $45 Exam; $45-50% Diagnose/ Treatment; $699-$999/aid/yr; 2aids/yr from Tru Hearing Premium |
| Diabetic Training and Supplies | 20% | $0 | 35%-50% | $0 | 25%-50% | $0 | 40% |
| Dental Coverage | Limited Coverage 20% | $0-$30 service for preventive; Comp. up to $2,000/yr at 50% coins. | $0-50%/service for preventive; Comp. up to $2,000/yr at 50% coins. | $0-$25 service for preventive; Comp. up to $2,000/yr at 50% coins. | $25% service for preventive; Comp. up to $2,000/yr at 50% coins. | $0-$35/service for preventive; Comp. up to $2,000/yr at 50% coins. | $0-50%/service for preventive; Comp. up to $2,000/yr at 50% coins. |
| Max out of Pocket | | $6,700 | $10,000 | $6,700 | $10,000 | $6,700 | $10,000 |
| Full LIS | | $93.50 | | $151.20 | | $0 | |
| Full LIS & EPIC | | ? | | ? | | $0 | |

# 2026 Medicare PPO Plans in Erie County DRAT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | WELLCARE TODAYS OPTIONS 1-866-527-0056 | | | | | | United Healthcare Medicare Complete Choice 1-800-555-5757 | |
|---|---|---|---|---|---|---|---|---|---|
| | | Assist Open PPO | | Giveback Open PPO | | Simple Open PPO | | AARP Medicare Advantage from UHC NY-0019 (PPO) | |
| **PREMIUMS** | **$202.90** | **$58.80** | | **$0 Premium; $40 Part B Reimbursement** | | **$0 Prem.** | | **$38** | |
| Deductible | $283 | $0 Ded; *OTC Card $11/mo.* | | $250 Ded; | | $250 Ded; | | $0 Ded. | |
| | | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| PCP Visits | 20% | $0 | $25 | $0 | $25 | $0 | $25 | $0 | $58 |
| Wellness Exam | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0-50% |
| Specialty Visits | 20% | $25 | $50 | $35 | $60 | $30 | $60 | $55 | $95 |
| Outpatient Mental Health | 20% | $25 | 40% | $35 | 40% | $35 | 40% | $15-$30 | $25-$40 |
| Outpatient Substance Abuse | 20% | $25 | 40% | $35 | 40% | $35 | 40% | $15-$30 | $25-$40 |
| Outpatient Surgery | 20% | $250/20% | 40% | $475/$500 | 40% | $475/30% | 40% | $450-$550 | 50% |
| Emergency Care | 20% | $115 | $115 | $115 | $115 | $115 | $115 | $115 | $115 |
| Urgent Care | 20% | $35 | $35 | $40 | $40 | $35 | $35 | $40 | $0-$40 |
| Ambulance Services | 20% | $325 | $325 | $350 | $350 | $350 | $350 | $290 | $0-$290 |
| Durable Medical Equipment | 20% Medicare Approved | $35 | 40% | 20% | 40% | 20% | 40% | 20% | 50% |
| Prosthetic Devices | 20% | 20% | 40% | 20% | 40% | 20% | 40% | 20% | 50% |
| Cardiac Rehab | 20% | $30 | 40% | $30 | 40% | $30 | 40% | $0 | 50% |
| X-Rays | 20% | $40 | 40% | $50 | 40% | $50 | 40% | $30 | $55 |
| Diagnostic Services | 20% | $300/$500 | 40% | $0-$500 | 40% | $0-$500 | 40% | $40-$200 | 50% |
| Lab Services | $0 | $0-$50 | 40% | $0-$50 | 40% | $0-$50 | 40% | $0 | $0 |
| Radiation Therapy | 20% | $0-20% | 40% | $0-20% | 40% | $0-20% | 40% | 20% | 50% |
| Chiropractic Care | limited coverage 20% | Chiro-$15 Accup-$0-$25 | Chiro-40% Accup-$50/40% Med. Covered | Chiro-$15 Accup-$0-$35 | Chiro-$15 Accup-$25-40% Med. Covered | Chiro-$15 Accup-$0-$30 | Chiro-$15 Accup-$25-40% Med. Covered | $15 | $95 |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | WELLCARE 1-866-527-0056 | | | | | | United Healthcare Medicare Complete Choice 1-800-555-5757 | |
|---|---|---|---|---|---|---|---|---|---|
| | | Assist Open PPO | | Giveback Open PPO | | Simple Open PPO | | AARP Medicare Advantage from UHC NY-0019 (PPO) | |
| Premiums | $202.90 | **$58.80** | | $0 Premium; **$40 Part B Reimbursement** | | **$0 Prem.** | | **$38** | |
| Deductible | $283 | $0 Ded. *OTC Card $11/mo.* | | $250 Ded. | | $250 Ded. | | $0 Ded. | |
| | | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| Medically Necessary Foot Care | 20% (medical limits apply) | $25 | 40% | $35 | 40% | $30 | 40% | $45 | $95 |
| Routine Foot Care | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | $45-6 visits/yr | $95-6 visits/yr |
| P.T., O.T. and Speech Therapy | 20% | $25 | 40% | $35 | 40% | $35 | 40% | $25-$40 | $80 |
| Inpatient Hospital | $1,736 Deductible | $600/day for days 1-4; $0/day for days 5-100 | 30% for Total Cost for days 1-90 | $2,015/stay | 40%/ admiss. for total cost days 1-90 | $600/day for days 1-4; $0/day for days 5-90 | 30% or Total Cost for days 1-90 | $550/day for days 1-4; $0/day for days 5+ | $720/day for days 1-20; $0/day for days 21+ |
| Inpatient Mental Health | $1,736 Deductible | $400/day for days 1-5; $0/day for days 6-90 | 30% for Total Cost for days 1-90 | $2,015/stay | 40%/ admiss. for total cost days 1-90 | $500/day for days 1-4; $0/day for days 5-90 | 30%/stay for days 1-90 | $550/day for days 1-3; $0/day for days 4-90 | $720/day for days 1-20; $0/day for days 21-90 |
| Skilled Nursing Facility | $0/day days 1-20; $217/day days 21-100 | $0/day for days 1-20; $218/day for days 21-60; $0/day for days 61-100 | 30%/stay; days 1-100 | $0/day for days 1-20; $218/day for days 21-100 | 25%/Benefit Period; days 1-100 | $0/day for days 1-20; $218/day for days 21-100 | 30%/stay; days 1-100 | $0/day for days 1-20; $218/day for days 21-100 | $250/day for days 1-100 |
| Home Health Care | $0 | $0 | 40% | $0 | 40% | $0 | 40% | $0 | 50% |
| **Preventive Tests, Screenings, Shots** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** | $0 | $0-50% |
| Dialysis | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | WELLCARE 1-866-527-0056 | | | | | | United Healthcare Medicare Complete Choice 1-800-555-5757 | |
|---|---|---|---|---|---|---|---|---|---|
| | | **Assist Open PPO** | | **Giveback Open PPO** | | **Simple Open PPO** | | **AARP Medicare Advantage from UHC NY-0019 (PPO)** | |
| Premiums | $202.90 | **$58.80 Prem.** | | $0 Premium; **$40 Part B Reimbursement** | | **$0** | | **$38** | |
| Deductible | $283 | $0 Ded; **OTC Card $11/qtr.** | | $250 Ded. | | $250 Ded. | | $0 Ded. | |
| | | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| Prescription Drugs | 20% Part B Covered only; No part D | Copays $18/$19/25%/$100/25%; $530 deductible for Tiers 2-5; Part B Drugs-20% | Copays $18/$19/25%/$100/25%; $530 deductible for Tiers 2-5; Part B Drugs-30% | Copays $0/$0/25%/34%/25%; $615 deductible for Tiers 3-5; Part B Drugs-20% | Copays $0/$0/25%/34%/25%; $615 deductible for Tiers 3-5; Part B Drugs-40% | Copays $0/$0/25%/38%/25%; $615 Ded. For tiers 3-5; Part B Drugs-20% | Copays $0/$0/25%/38%/25%; $615 Ded. For tiers 3-5; Part B Drugs-30% | Copays $0/$12/$35/41%/26%; $600 Ded. For Tiers 3-5; Part B Drugs 20%; Select Inusulins $35; $0/Mail Order, Tiers 1-2 | Copays $0/$12/$35/41%/26%; $600 Ded. For Tiers 3-5; Part B Drugs 20%; Select Inusulins $35; $0/Mail Order, Tiers 1-3 |
| Vision Services | 20% + for 1 pair glasses/frames/ contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics | $0-$25 copay for exam; $100/yr eyewear coverage | $0-40% copay for services and eyewear allowance up to $100/yr | $0-$60 copay for exam only | 40% copay for exam only | $0-$30 Eye Exam; $100/yr Eyewear Allowance | $60 copay for services and eyewearup to $100/yr | $0 Eye Exam , 50% Post Cataract Surgery Eyewer; $0 Copay; $200/yr Eyewear Allowance rom UHC Davis Vision Network | $95 Eye Exam , 50% Post Cataract Surgery Eyewer; $0 Copay; $200/yr Eyewear Allowance rom UHC Davis Vision Network |
| Hearing Services | 20% | $0-$25/services; $1,000/yr max for 2 aids/yr | $50-40% exam; $1,000/yr max for 2 aids/yr | $0-$35 exam; aids not covered | $0-$60/service; aids not covered | $0-40% for services; up to $1,500/yr max for 2 aids/yr | $60-40% for services; $1,500/yr at 40% co-ins. for 2 aids/yr | Exam-$0/yr; $199-$1,249/aid per yr from UHC Hearin Network | Exam-$95/yr; $199-$1,249/aid per yr from UHC Hearin Network |
| Diabetic Training/ Supplies | 20% | $0-20% | 40% | $0-20% | 40% | $0-20% | 30% | $0 for covered brands | 50% |
| Dental Coverage | Limited Coverage 20% | $0-$25 copay for preventive and comp. up to $1,000/yr max | $50-50% copay for preventive and comp. up to $1,000/yr max | $0-$35 copay for preventive services only | $60-50% copay for preventive services only | $0-$30 copay for preventive and comp.; no max but limits | $60-50% copay for preventive | $0-50% preventive; $44/mo. For optional dental coverage | $0-50% preventive; $44/mo. For optional dental coverage |
| Max out of Pocket | | $9,250 | $13,900 | $9,250 | $13,900 | $9,250 | $13,900 | $8,500 | $13,900 |
| Full LIS | | $0 | | $0 | | $0 | | $0 | |
| Full LIS & EPIC | | $0 | | $0 | | $0 | | $0 | |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | AETNA MEDICARE 1-585-530-3857 | | | | | | Independent Health 716-635-4900 | | MVP Healthcare 1-800-665-7924 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Medicare Signature PPO | | Medicare Eagle Giveback PPO (NO RX) | | Medicare Premier PPO | | Medicare Passport Connect PPO | | WellSelect Plus with Part D PPO | |
| **PREMIUMS** | **$202.90** | **$0** | | **$0** | | **$27** | | **$58.80** | | **$160** | |
| Deductible | $283 | $0 Deductible | | $0 Deductible; *$60/qtr OTC* **$75 Part B Reimbursement** | | $0 Deductible | | $175 Ded. *for certain services;* **$100/qtr OTC** | | $0 Ded. **$25/qtr OTC** | |
| | | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| PCP Visits | 20% | $15 | $40 | $0 | $25 | $0 | $45 | Tr A $0/Tr B $20 | 50% | $0 | 30% |
| Wellness Exam | $0 | $0 | $0-40% | $0 | 50% | $0 | $0-$40% | $0 | $0-50% | $0 | $0 |
| Specialty Visits | 20% | $40 | $50 | $35 | $55 | $35 | $50 | Tr A /Tr B $55 | 50% | $55 | 40% |
| Outpatient Mental Health | 20% | $40 | 40% | $35 | 50% | $35 | 40% | $35 | 50% | $10 | 30% |
| Outpatient Substance Abuse | 20% | $40 | 40% | $35 | 50% | $35 | 40% | $40 | 50% | $10 | 30% |
| Outpatient Surgery | 20% | $200/$300 | 40% | $300-$350 | 50% | $200-$300 | 40% | Tr A 375 Tr B 425/$550 | 50% | 15%/20% | 40% |
| Emergency Care | 20% | $115 | $115 | $115 | $115 | $115 | $115 | $115 | $125 | $115 | $115 |
| Urgent Care | 20% | $40 | $40 | $40 | $40 | $40 | $40 | $40 | $55 | $40 | $40 |
| Ambulance Services | 20% | $300 | $300 | $300 | $300 | $300 | $300 | $265 ground/air | $265 ground/air | $320/$500 | $320/$500 |
| Durable Medical Equipment | 20% Medicare Approved | $0-20% | 40% | $0-20% | 50% | $0-20% | 20% | 10%-20% | 50% | 20% | 40% |
| Prosthetic Devices | 20% | $0-20% | 40% | $0-20% | 50% | 20% | 20% | $0-20% | 50% | $0-20% | 40% |
| Cardiac Rehab | 20% | $20 | 40% | $20 | 50% | $20 | 40% | $0 | 50% | 25% | 40% |
| X-Rays | 20% | $35 | 40% | $35 | 50% | $25 | 40% | $45 | 50% | $55 | 40% |
| Diagnostic Services | 20% | $250/$300 | 30% | $200-$300 | 50% | $200-$250 | 40% | Tr A $225/Tr B $550 | 50% | $400 | 40% |
| Lab Services | $0 | 0-$5 | 40% | $0 | $30 | $0 | 40% | $0/20% Genetic | 50% | $0 | 40% |
| Radiation Therapy | 20% | 20% | 40% | 20% | 50% | 20% | 40% | 20% | 50% | 20% | 40% |
| Chiropractic Care/ Accupuncture | limited coverage 20% | Chiro $10 Accup $40 | Chiro 40% Accup $50 | Chiro $15 Accup $35 | Chiro 50% Accup $55 | Chiro $15 Accup $35 | Chiro 40% Accup $50 | Chiro-$15 Accup-$55 | Chiro- $15 Accup-Ded. Then 50% | Chiro $15 Accup 50% | Chiro $20 Accup 50% |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| | ORIGINAL MEDICARE | AETNA MEDICARE 1-585-530-3857 | | | | | | Independent Health 716-635-4900 | | MVP Healthcare 1-800-665-7924 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Medicare Signature PPO** | | **Medicare Eagle Giveback PPO (NO RX)** | | **Medicare Premier PPO** | | **Medicare Passport Connect PPO** | | **WellSelect Plus with Part D PPO** | |
| Premiums | $202.90 | **$0** | | **$0** | | **$27** | | **$58.80** | | **$160** | |
| Deductible | $283 | $0 Deductible | | 0 Deductible; *$60/qtr OTC* **$75 Part B Reimbursement** | | $0 Deductible | | $175 Ded. for certain services **$100/qtr OTC** | | $0 Ded; $25/qtr OTC Card; | |
| | | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| Medically Necessary Foot Care | 20% (medical limits apply) | $10 | $50 | $35 | $55 | $5 | $50 | $55 | 50% | $55 | 40% |
| Routine Foot Care | Not Covered | Certain condtions | Certain condtions | Certain condtions | Certain condtions | Certain condtions | Certain condtions | Limited | Limited | $55 | 40% |
| P.T., O.T. and Speech Therapy | 20% | 25-$35 | 40% | $35-$40 | 50% | $25 | 40% | $30 | 50% | $35 | 40% |
| Inpatient Hospital | $1,736 Deductible | $300/day for days 1-6; $0/day for days 7-90 | $500/day for days 1-6; $0/day for days 7-90 | $375/day for days 1-6; $0/day for days 7-90 | 50% | $300/day for days 1-6; $0/day for days 7-90+ | $500/day for days 1-20; $0/day for days 21-90+ | TR A;$375/day for days 1-6; $0/day for days 7+; $2,250/yr max Tr B: $550/day for days 1-4; $2,445/yr mx | 50% | $445/day for days 1-5; $0/day for days 6+ | 40% |
| Inpatient Mental Health | $1,736 Deductible | $346/day for days 1-6; $0/day for days 7-90 | 40%/stay | $346/day for days 1-6; $0/day for day 7-90 | 50%/stay | $346/day for days 1-6; $0/day for days 7-90 | 40%/stay | $395/day for days 1-4; $0/day for days 5-90 | 50% | $415/day for days 1-5; $0/day for days 6+ | 40% |
| Skilled Nursing Facility | $0/day days 1-20; $217/day days 21-100 | $0/day for days 1-20; $218/day for days 21-100 | 40%/stay | $0/day for days 1-20; $218/day for days 21-100 | 50%/stay | $0/day for days 1-20; $218/day for days 21-100 | 40%/stay | $0/day for days 1-20; $218/day for days 21-100 | 50% | $0/day for days 1-20; $218/day for days 21-100 | 40% |
| Home Health Care | $0 | $0 | 40% | $0 | 50% | $0 | $0-40% | $0 | Ded. Then 50% | $0 | 40% |
| **Preventive Tests, Screenings, Shots** | **$0** | $0 | $0-40% | $0 | 50% | $0 | $0-40% | $0 | 50% | **$0** | **$0** |
| Dialysis | 20% | 20% | 50% | 20% | 50% | 20% | 50% | 20% | Ded. Then 20%-50% | 20% | 20% |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | AETNA MEDICARE 1-585-530-3857 | | | | | | Independent Health 716-635-4900 | | MVP Healthcare 1-800-665-7924 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Medicare Signature PPO** | | **Medicare Eagle Giveback No RX PPO** | | **Medicare Premier PPO** | | **Medicare Passport Connect PPO** | | **WellSelect Plus with RX PPO** | |
| Premiums | $202.90 | **$0** | | **$0** | | **$27** | | **$58.80** | | **$160** | |
| Deductible | $283 | $0 Deductible | | $0 Deductible; *$60/qtr OTC* **$75 Part B Reimbursement** | | $0 Deductible | | $175 Ded. for certain services; **$100/qtr OTC** | | $0 Ded; **$25/qtr OTC Card** | |
| | | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| Prescription Drugs | 20% Part B Covered only; No part D | Copays $0/$0/24%/25%/25%; $0 deductible; Part B Drugs-20% | Copays $0/$0/24%/25%/25%; $0 deductible; Part B Drugs-40% | Part B Covered Drugs-$0-20%; **No Part D** | Part B Covered Drugs-50%; **No Part D** | Copays $0/$0/22%/25%/27%; $500 deductible for Tiers 3-5; Part B drugs-20% | Copays $0/$0/22%/25%/27%; $500 deductible for Tiers 3-5; Part B drugs-40% | Copays 25%/25%/25%/25%/25%, $615 deductible for all tiers; 20% Part B Drugs | Copays 25%/25%/25%/25%/25%, $615 deductible for all tiers; 50% Part B Drugs OON | Copays $0/$2/$16%/25%/25%; $615 deductible for Tiers 3-5; Part B Drugs-20% | Copays $0/$2/$16%/25%/25%; $615 deductible for Tiers 3-5; Part B Drugs-40% |
| Vision Services | 20% + for 1 pair glasses/frames/ contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics | $0-$40 exam; $100/yr. Eyewear Allowance | $50-30% exam; $100/yr. Eyewear Allowance | $0-$35 exam; $250/yr. Eyewear Allowance | $0-$55/50% exam; $250/yr. Eyewear Allowance | $0-$35/exam; $250/yr Eyewear Allowance | $50-40%/exam; $250/yr Eyewear Allowance | $0-$55 Eye Exam; $200/yr Eyewear Allowance | $65-50% Eye Exam; $200/yr Eyewear Allowance; Combined IN & OON | $0-$20 Routine Eye Exam; $45 Diagnostic Exam; 20%/ $150/yr max eyewear allowance | $0 Routine; $60 Diagnostic Exam; 40%/ $150/yr max eyewear allowance |
| Hearing Services | 20% | $0-$40 exam; max $1,700/yr. for 2 aids from NationsHearing | $50 exam; aids not covered | $0-$35 exam; max $1,700/yr. for 2 aids from NationsHearing | $55 exam; aids not covered | $0-$35 exam; max $1,7000/yr. for 2 aids from NationsHearing | $0-$50 exam; aids not covered | $250 /yr allowance $0-$75 Exam; $55 Aid Eval. Exam; $499-$1,950/yr /aid for Start Hearing Network | $60 Exam; hearing aids are not covered | $0 Exam; $699-$999/yr per aid Tru Hearing | $60 exam; aid Not Covered |
| Diabetic Training/ Supplies | 20% | 0%-20% (specific brands covered ) | 0%-20% (specific brands covered ) | 0%-20% (specific brands covered ) | $0-20% | 0%-20% (specific brands covered ) | $0-20% | 0-20% | 40% | $0-$10/20% copay for One Touch Brand | 40% |
| Dental Coverage | Limited Coverage 20% | $0 coins max for preventive; no comp.; optional dental available | 50% coins max for preventive; no comp.; optional dental available | $0 Copay; $2,000/yr. max for prevent. and comp. from Aetna Dental Network | 20% Co ins; $2,000/yr. max for prevent. and comp. from Aetna Dental Network | $2,000/yr. at $0 coins max for preventive and comprehensive from Aetna Dental Network | $2,000/yr. at 50% coins max for preventive and comprehensive from Aetna Dental Network | $0-$55 Copay for preventive; $1,500/yr max for Comp. at 50% coins. with Liberty Dental | $0-50% Copay for preventive; $1,500/yr max for Comp. at 50% coins. with Liberty Dental | $0-$50 for covered services; $750/yr max for preventive and comp. | 30% for covered services; $750/yr max for preventive and comp. |
| Max out of Pocket | | $7,900 | $13,900 | $9,250 | $13,900 | $6,900 | $9,500 | $6,900 | $11,300 | $9,250 | $13,900 |
| Full LIS | | $0 | | $0 | | $2 | | $0 | | ? | |
| Full LIS & EPIC | | $0 | | $0 | | $0 | | $0 | | ? | |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | HUMANA 1-888-873-0686 | | | | | | Excellus - Univera 1-800-659-1986 | |
|---|---|---|---|---|---|---|---|---|---|
| | | Humana Choice PPO | | Humana Honor USAA Giveback PPO | | Humana Choice Giveback PPO | | Senior Choice Core PPO | |
| **PREMIUMS** | **$202.90** | **$32** | | **$0** | | **$0** | | **$232.20** | |
| Deductible | $283 | $0 Ded. | | **$0 Ded;** $110/mo Reduction **$50/qtr OTC; NO RX** | | $330 Ded. on certain services **$55 PT B Reduction** | | $0 Ded | |
| | | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| PCP Visits | 20% | $0 | $30 | $0 | $10 | $0 | $30 | $0 | $20 |
| Wellness Exam | $0 | $0 | $0-30% | $0 | $0-30% | $0 | $0 | $0 | 30% |
| Specialty Visits | 20% | $40 | $75 | $40 | $50 | $40 | $50 | $15 | $50 |
| Outpatient Mental Health | 20% | $35 | 30% | $0 | 30% | $35 | 30% | $15 | 30% |
| Outpatient Substance Abuse | 20% | $35 | 30% | $0 | 30% | $35 | 305 | 20% | 30% |
| Outpatient Surgery | 20% | $500/$850 | 30% | $700/$800 | 30% | $875/$1,025 | 30% | $75 | 30% |
| Emergency Care | 20% | $115 | $115 | $130 | $130 | $115 | $115 | $115 | $115 |
| Urgent Care | 20% | $40 | $40 | $50 | $50 | $40 | $40 | $30 | $30 |
| Ambulance Services | 20% | $335 | $335 | $315 | $315 | $315 | $315 | $100 | $100 |
| Durable Medical Equipment | 20% Medicare Approved | 18% | 30% | 20% | 20% | 15% | 30% | 20% | 30% |
| Prosthetic Devices | 20% | 20% | 30% | 20% | 30% | 20% | 30% | 20% | 30% |
| Cardiac Rehab | 20% | $30 | 30% | $30-$40 | 30% | $30 | 30% | $0 | $50 |
| X-Rays | 20% | $0-$130 | $30-$45/30% | $0-$90 | $10-$50/30% | $0-$130 | $30-$45/30% | $0 | $50 |
| Diagnostic Services | 20% | $200-$780 | 30% | $100-$780 | 30% | $200/$780 | 30% | $50 | 30% |
| Lab Services | $0 | $0-$50 | $10-$45/30% | $0-$50 | $10-$50/30% | $0-$50 | $10-$45/30% | $0 | 30% |
| Radiation Therapy | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 30% |
| Chiropractic Care/ Accupuncture | limited coverage 20% | Chiro $15 Accup $40 | Chiro 30% Accup $40 | Chiro $15 Accup $40 | Chiro 30% Accup $40 | Chiro $15 Accup $40 | Chiro 25% Accup $40 | Chiro $15 Accup 50% | Chiro $20 Accup 50% |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | HUMANA 1-888-873-0686 | | | | | | Excellus - Univera 1-800-659-1986 | |
|---|---|---|---|---|---|---|---|---|---|
| | | Humana Choice PPO | | Humana Honor USAA Giveback PPO | | Humana Choice Giveback | | SeniorChoice Core PPO | |
| Premiums | $202.90 | **$32** | | **$0** | | **$0** | | **$232.20** | |
| Deductible | $283 | $0 Ded | | $0 Ded; **$110/mo Reduction** $50/qtr OTC; **NO RX** | | $330 Ded.on certain services **$55 PT B Reduction** | | $0 Ded | |
| | | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| Medically Necessary Foot Care | 20% (medical limits apply) | $40 | $75 | $40 | $50 | $40 | $50 | $15 | $50 |
| Routine Foot Care | Not Covered | $0 for 12 visits/yr | $0 for 12 visits/yr | $0 for 12 visits/yr | $0 for 12 visits/yr | $40 | $50 | $15 | $50 |
| P.T., O.T. and Speech Therapy | 20% | $35 | 30% | $40 | 30% | $35 | 20%-30% | $15 | $50 |
| Inpatient Hospital | $1,736 Deductible | $380/day for days 1-7; $0/day for days 8-90 | $500/day for days 1-7; $0/day for days 8-90 | $495/day for days 1-5; $0/day for days 6-90 | $495/day for days 1-7; $0/day for days 8-90 | $380/day for days 1-7; $0/day for days 8-90 | $500/day for days 1-7; $0/day for days 8-90 | $100/day for days 1-5; $0/day for days 6+ | $335/day for days 1-28; $0/day for days 29+ |
| Inpatient Mental Health | $1,736 Deductible | $290/day for days 1-7; $0/day for days 8-90 | $500/day for days 1-14; $0/day for days 15-90 | $450/day for days 1-5; $0/day for days 6-90 | $450/day for days 1-7; $0/day for days 8-90 | $290/day for days 1-7; $0/day for days 8-90 | $500/day for days 1-7; $0/day for days 8-90 | $100/day for days 1-5; $0/day for days 6+ | $335/day for days 1-28; $0/day for days 29+ |
| Skilled Nursing Facility | $0/day days 1-20; $217/day days 21-100 | $0/day for days 1-20; $218/day for days 21-100 | 30% of cost for days 1-100 | $0/day for days 1-20; $218/day for days 21-100 | 30% for cost of days 1-100 | $0/day for days 1-20; $218/day for days 21-100 | 30% of cost for days 1-100 | $0/day for days 1-20; $218/day for days 21-100 | 30%/day for days 1-100 |
| Home Health Care | $0 | $0 | $0-50% | $0-20% | $0-30% | $0 | 45% | $0 | 30% |
| **Preventive Tests, Screenings, Shots** | **$0** | $0 | $0/30% | $0 | 0-$50/30% | $0 | $0 | $0 | 30% |
| Dialysis | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% |

# 2026 Medicare PPO Plans for Erie County DRAFT

11/18/2025

| TYPE OF MEDICAL SERVICE | ORIGINAL MEDICARE | HUMANA 1-888-873-06869 | | | | | | Excellus - Univera 1-800-659-1986 | |
|---|---|---|---|---|---|---|---|---|---|
| | | Humana Choice PPO | | Humana Honor USAA Giveback PPO | | Humana Choice Giveback | | SeniorChoice Core PPO | |
| Premiums | $202.90 | **$32** | | **$0** | | **$0.00** | | **$232.20** | |
| Deductible | $283 | $0 Ded. | | $0 Ded; **$110 reduction** $50/qtr OTC; **NO RX** | | $330 Ded. On certain services **$55 PT B Redcution** | | $0 Ded; $30/qtr OTC | |
| | | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| Prescription Drugs | 20% Part B Covered only; No part D | $0/$5/$47/ 39%/25%; $615 Ded. for Tiers 3-5; Part B Drugs-20% | $0/$5/$47/ 39%/25%; $615 Ded. for Tiers 3-5; Part B Drugs-30% | **Part D Not Covered**; 20% Part D Drugs | **Part D Not Covered**; 30% Part D Drugs | Copays $0/$1/$33/39%/25%; $615 Ded for Tiers 3-5; Part B Drugs 20% | Copays $0/$1/33%/39%/25%; $615 Ded. for Tiers 3-5; Part B Drugs 20% | Copays $3/$15/22%/25%/25%; $615 Ded. for Tiers 2-5; Part B Drugs 20% | Emergency Only |
| Vision Services | 20% + for 1 pair glasses/frames/ contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics | $0-$40 Eye Exam; $150/yr Eyewear Allowance max | $0-$75 Eye Exam; $150/yr Eyewear Allowance max | $0-$40 Eye Exam; $250/yr Eyewear Allowance max | $0-$50 Eye Exam; $250/yr Eyewear Allowance max | $0-$40 Eye Exam; $250/yr Eyewear Allowance | $0-$50 Eye Exam; $250/yr Eyewear Allowance | $0 Routine Eye Exam; no eyewear allowance | $50 Routine Eye Exam; no eyewear allowance |
| Hearing Services | 20% | $0-$40 Exam; $299 copay for 1 aid every 3 yrs from Tru Hearing | $0-$75 Exam; $299 copay for 1 aid every 3 yrs from Tru Hearing | $0-$40 Exam; $399-$699/yr for 1 aid/yr from Tru Hearing | $0-$50 Exam; $399-$699/yr for 1 aid/yr from Tru Hearing | $0-$40 Exam; $699-$999/yr for 1 aid/yr from Tru Hearing | $0-$40 Exam; $699-$999/yr for 1 aid/yr from Tru Hearing | $0 Routine Exam; member pays $499-$799 for Tru Hearing Aid | $0 Routine Exam; aids not covered |
| Diabetic Training/ Supplies | 20% | $0-20% | 30% | $0-20% | 30% | $0-20% | $0-30% | $0-$5 | 30% |
| Dental Coverage | Limited Coverage 20% | $0-$40 preventive and comp. up to $2,000/yr | $0-$75 preventive and comp. up to $2,000/yr | $0-$40 preventive and comprehensive up to $1,000/yr max | $0-$50 preventive and comprehensive up to $1,000/yr max | $0-$40 preventive and comprehensive up to $1,500/yr max | $0-$50 preventive and comprehensive up to $1,500/yr max | $15 for Medicare covered services | $50 for Medicare covered services |
| Max out of Pocket | | $9,250 | $13,500 | $4,950 | $8,950 | $9,250 | $13,900 | $4,000 | $5,750 |
| Full LIS | | $0 | $0 | No RX | | $0 | | $199.20 | |
| Full LIS & EPIC | | $0 | $0 | No RX | | $0 | | $199.20 | |