

2026 Medicare Special Needs Plans for Erie County DRAFT

| ORIGINAL MEDICARE             |  | Wellcare Dual<br>Access<br>1-800-541-2831        | WellCare Dual Access Open<br>1-800-541-2831 |                                | Wellcare Fidelis Dual<br>Align<br>1-800-247-1447 | Wellcare Fidelis<br>Dual Liberty Sync<br>1-800-247-1447 | United Healthcare<br>Dual Complete<br>(NY-S002)<br>(1-844-560-4944) | United Healthcare<br>Dual Complete<br>NY-Q001<br>(1-888-343-3547) |
|-------------------------------|--|--|---|--------------------------------|--|---|---|---|
|                               |  | (HMO D-SNP)<br>MA & QMB                          | (PPO D-SNP)<br>MA & QMB                     |                                | (HMO D-SNP)<br>MA & QMB                          | (HMO SNP)<br>MA & QMB                                   | HMO-POS-D-SNP<br>MA   | HMO-POS-D-SNP<br>MA/QMB+  |
| PREMIUMS                      | \$185  | \$0  | \$0   |                                | \$0  | \$0   | \$0   | \$0   |
| Deductible                    | \$257  | \$0 Deductible                                   | IN  | OUT                            | \$0  | \$0   | \$0   | \$0   |
| PCP Visits                    | 20%**  | \$0  | \$0   | \$0-30%                        | \$0  | \$0   | \$0   | \$0   |
| Wellness exam                 | \$0  | \$0  | \$0   | \$0                            | \$0  | \$0   | \$0   | \$0   |
| Specialty Visits              | 20%**  | \$0  | \$0   | \$0                            | \$0  | \$0   | \$0   | \$0   |
| Outpatient Mental<br>Health   | 40%  | \$0  | \$0   | \$0-30%                        | \$0  | \$0   | \$0   | \$0   |
| Outpatient<br>Substance Abuse | 20   | \$0  | \$0   | \$0-30%                        | \$0  | \$0   | \$0   | \$0   |
| Outpatient Surgery            | 20% **   | \$0  | \$0   | \$0-30%                        | \$0-20%  | \$0   | \$0   | \$0   |
| Emergency Care                | 20% **   | \$0-\$115  | \$0   | \$0-\$115                      | \$0-\$115  | \$0-\$115   | \$0   | \$0   |
| Urgent Care                   | 20% **   | \$0-\$115  | \$0   | \$0-\$115                      | \$0  | \$0   | \$0   | \$0   |
| Ambulance Services            | 20% **   | \$0  | \$0   | \$0-20%                        | \$0  | \$0   | \$0   | \$0   |
| Durable Medical<br>Equipment  | 20% ** (must use<br>supplier enrolled<br>w/Medicare) | \$0  | \$0   | \$0-20%                        | \$0  | \$0   | \$0   | \$0   |
| Prosthetic Devices            | 20% **   | \$0  | \$0   | \$0-20%                        | \$0  | \$0   | \$0   | \$0   |
| Diagnostic Radiology          | 20%  | \$0  | \$0   | \$0-30%                        | \$0  | \$0   | \$0   | \$0   |
| X Rays                        | 20% **   | \$0  | \$0   | \$0-20%                        | \$0  | \$0   | \$0   | \$0   |
| Lab Services                  | \$0  | \$0  | \$0   | \$0-20%                        | \$0  | \$0   | \$0   | \$0   |
| Dialysis                      | 20%  | \$0  | \$0   | \$0-20%                        | \$0  | \$0   | \$0   | \$0   |
| Radiation Therapy             | 20%  | \$0  | \$0   | \$0-20%                        | \$0  | \$0   | \$0   | \$0   |
| Chiropractic Care             | limited coverage<br>20% **                           | Chiro-\$0 unlimited/yr<br>Accup-\$0 12 visits/yr | Chiro-\$0<br>Accup-\$0                      | Chiro-\$0/30%<br>Accup-\$0/30% | \$0  | \$0   | \$0   | \$0   |

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|----------------------------------|--|---|---|--|--|---|---|---|
|                                  |  | (HMO D-SNP)<br>MA & QMB                   | (PPO D-SNP)<br>MA & QMB                     |  | (HMO D-SNP)<br>MA-OMB                            | (HMO SNP)<br>MA & QMB                                   | HMO-POS-D-SNP<br>MA & QMB   | HMO-POS-D-SNP<br>MA/QMB+  |
| PREMIUMS                         | \$185                                      | \$0                                       | \$0   |  | \$0  | \$0   | \$0   | \$0   |
| Deductible                       | \$257                                      | \$0 Deductible                            | IN  | OUT  | \$0  | \$0   | \$0   | \$0   |
| Transportation                   | NOT COVERED                                | Not Covered                               | Not Covered                                 | Not Covered  | Not Covered                                      | Not Covered   | \$0 Medicaid Covered;<br>36 one-way trips/yr                        | Not Covered   |
| Medically Necessary<br>Foot Care | limited coverage<br>20% **                 | \$0                                       | \$0   | 0-30%  | \$0  | \$0   | \$0 (4 visits/yr)   | \$0   |
| Routine Foot Care                | NOT COVERED                                | Not Covered                               | \$0   | \$0  | \$0  | \$0   | \$0 (4 visits/yr)   | \$0 (4 visits/yr)   |
| P.T.,O.T. and<br>Speech Therapy  | 20% **                                     | \$0                                       | \$0   | 0-30%  | \$0  | \$0   | \$0   | \$0   |
| Inpatient Hospital               | \$1,676 deductible                         | \$0                                       | \$0   | \$0-\$2,230/<br>Admission  | \$0  | \$0   | \$0   | \$0   |
| Inpatient Mental<br>Health*      | \$1,676 deductible                         | \$0                                       | \$0   | \$0-\$2,081/<br>Admission  | \$0  | \$0   | \$0   | \$0   |
| Skilled Nursing                  | \$0 days 1-20,<br>\$209.50 days 21-<br>100 | \$0/day days 1-100                        | \$0/day for days<br>1-100                   | \$0/day for days 1-20; \$0-<br>\$218/day for days 21-70;<br>\$0/day for days71-100 | \$0/day days 1-100                               | \$0/day days 1-100                                      | \$0/day days 1-100  | \$0   |
| Home Health Care                 | \$0  | \$0                                       | \$0   | \$0-20%  | \$0  | \$0   | \$0   | \$0   |
| Mammograms                       | \$0  | \$0                                       | \$0   | \$0  | \$0  | \$0   | \$0   | \$0   |
| Bone Mass                        | \$0  | \$0                                       | \$0   | \$0  | \$0  | \$0   | \$0   | \$0   |
| Colorectal Screening<br>Exams    | \$0  | \$0                                       | \$0   | \$0  | \$0  | \$0   | \$0   | \$0   |
| Flu, Pneumonia &<br>Hepatitis B  | \$0  | \$0                                       | \$0   | \$0  | \$0  | \$0   | \$0   | \$0   |

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|--------------------------------|---|--|--|--|--|--|--|---|
|                                |   | (HMO D-SNP)<br>MA & QMB  | (PPO D-SNP)<br>MA & QMB                                      |  | (HMO D-SNP)<br>MA-QMB  | (HMO SNP)<br>MA & QMB  | HMO-POS-D-SNP<br>MA  | HMO-POS-D-SNP<br>MA/QMB+  |
| <b>PREMIUMS</b>                | \$185   | \$0  | \$0  |  | \$0  | \$0  | \$0  | \$0   |
| <b>Deductible</b>              | \$257   | \$0  | IN   | OUT  | \$0  | \$0  | \$0  | \$0   |
| Prescription Drugs             | 0%-20% Part B covered only; NO PART D   | \$0 Copay or \$1.60-\$4.90   | \$0 Copay  | \$0-\$1.60-\$4.90; \$0-20% for Part B drugs                              | \$0 Copay  | \$0 Copay/ \$1.60-\$4.90   | \$0 Copay  | \$0 Copay or \$0/\$1.90-\$5.10/\$12.15                            |
| Vision Services                | 20% + for 1 pair glasses/frames/contact lens after cataract surgery<br>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; \$200/yr max for eyewear coverage                          | \$0 exam; \$200/yr max for eyewear coverage                                  | \$0 exam; \$200/yr max for eyewear coverage                       |
| Hearing Services               | 40% + Medically necessary exams only no aides   | \$0 Exams; \$750-\$1,500 Hearing Aid Allowance for 2 aids/yr               | \$0 exam; \$0-\$1,500 max for 2 aids                         | \$0-30%/40% exam; 1,500/yr max for 2 aids                                | \$0 Exam; \$500/yr max for 2 aids                                    | \$0 Exam; \$500/yr max for 2 aids                                    | \$0 exam; up to \$2,200/yr max for 2 aids/yr from United Health Care Hearing | \$0 exam; \$1,500/yr max for up to 2 aids every 2 years           |
| Diabetic training and supplies | 20%   | \$0  | \$0  | 0-20%  | \$0  | \$0-20%  | \$0  | \$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 | \$0-30%/50% copay for no max for preventive and comprehensive 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 | \$0 for 2 exams and cleanings/yr; 1 x-ray 1-3 yrs; no max but limits         | \$0 copay for preventive and comprehensive; no max but limits     |
| Over The Counter               |   | \$63/mo spendables card  | \$62/mo spendables card                                      |  | \$242/qtr spendables card  | \$80/month spendables card   | \$149/mo OTC/ Food, etc card   | \$35/mo OTC food, etc card  |
| With full LIS                  |   | \$0  | \$0  | \$0  | \$0  | \$0  | \$0  | \$0   |
| With full LIS & EPIC           |   | \$0  | \$0  | \$0  | \$0  | \$0  | \$0  | \$0   |
| Max Out Of Pocket              |   | \$9,250  | \$9,250  | \$13,900   | \$9,250  | \$9,350  | \$0  | \$0   |

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| ORIGINAL MEDICARE             |  | United Healthcare<br>NHP<br>1-877-505-9101 | Humana Gold Plus<br>1-800-833-2364 | Independent Health<br>Medicare Family<br>Choice<br>716-635-4900 | Nascentia Health<br>Plus Dual Advantage<br>1-888-477-0090 | Nascentia<br>Medicaid<br>Advantage Plus<br>1-888-477-0900 | Nascentia Skilled<br>Nursing Facility<br>1-888-477-0090 |
|-------------------------------|--|--|------------------------------------|---|---|---|---|
|                               |  | Institutional with MA                      | (HMO-D-SNP)<br>MA & QMB            | (HMO-I-SNP)<br>Institutional                                    | (HMO D-SNP)<br>MA   | HMO-D-SNP<br>MA or QMB                                    | HMO-I-SNP   |
| PREMIUMS                      | \$185  | 0-\$23.70                                  | \$0                                | \$58.80   | \$0   | \$0   | \$0-\$58.82   |
| Deductible                    | \$257  | \$0  | \$0                                | \$0   | \$0 Ded;<br>\$100/mo utility assist                       | \$0   | \$0   |
| PCP Visits                    | 20%**  | \$0  | \$0                                | Tier A \$0/Tier B \$20  | \$0   | \$0   | \$0   |
| Wellness exam                 | \$0  | \$0  | \$0                                | \$0   | \$0   | \$0   | \$0   |
| Specialty Visits              | 20%**  | \$0  | \$0                                | Tier A \$0/Tier B \$50  | \$0   | \$0   | \$0   |
| Outpatient Mental<br>Health   | 40%  | \$0  | \$0                                | \$0   | \$0   | \$0   | \$0   |
| Outpatient<br>Substance Abuse | 20   | \$0  | \$0                                | \$0   | \$0   | \$0   | \$0   |
| Outpatient Surgery            | 20% **   | \$0  | \$0                                | Tier A 10%/\$150<br>Tier B \$250/\$550                          | \$0   | \$0   | \$0   |
| Emergency Care                | 20% **   | \$0  | \$0                                | \$50  | \$0   | \$0   | \$0   |
| Urgent Care                   | 20% **   | \$0  | \$0                                | \$0   | \$0   | \$0   | \$0   |
| Ambulance Services            | 20% **   | \$0  | \$0                                | \$30 ground/20% air   | \$0   | \$0   | \$0   |
| Durable Medical<br>Equipment  | 20% ** (must use<br>supplier enrolled<br>w/Medicare) | \$0  | \$0                                | \$0   | \$0   | \$0   | \$0   |
| Prosthetic Devices            | 20% **   | \$0  | \$0                                | 10%   | \$0   | \$0   | \$0   |
| Diagnostic Radiology          | 20%  | \$0  | \$0                                | Tier A \$50<br>Tier B \$550                                     | \$0   | \$0   | \$0   |
| X Rays                        | 20% **   | \$0  | \$0                                | Tier A 10%-\$50<br>coinsurance Tier B \$550                     | \$0   | \$0   | \$0   |
| Lab Services                  | \$0  | \$0  | \$0                                | \$0-20%   | \$0   | \$0   | \$0   |
| Dialysis                      | 20%  | \$0  | \$0                                | \$0   | \$0   | \$0   | \$0   |
| Radiation Therapy             | 20%  | \$0  | \$0                                | Tier A 10%/20%<br>Tier B \$50/20%                               | \$0   | \$0   | \$0   |
| Chiropractic<br>/Accupuncture | limited coverage<br>20% **                           | \$0  | \$0                                | \$0 (Medicare covered)  | \$0   | \$0   | \$0   |

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|----------------------------------|--|---|---------------------------------------|---|--|---|---|
|                                  |  | Institutional with<br>MA                    | (HMO-D-SNP)<br>MA                     | (HMO-I-SNP)<br>Institutional  | (HMO-D-SNP)<br>MA  | HMO-D-SNP<br>MA or QMB                                    | HMO-I-SNP   |
| <b>PREMIUMS</b>                  | \$185                                  | 0-\$23.70                                   | \$0                                   | \$58.80   | \$0  | \$0   | \$0-\$58.82   |
| <b>Deductible</b>                | \$257                                  | \$0   | \$0                                   | \$0   | \$0  | \$0   | \$0   |
| Transportation                   | NOT COVERED                            | \$0 (24 one-way<br>trips/yr)                | Not Covered                           | \$0 (36 one-way trips/yr)   | Not Covered  | Not Covered   | Not Covered   |
| Medically Necessary<br>Foot Care | limited<br>coverage 20%<br>**          | \$0   | \$0                                   | \$0   | \$0  | \$0   | \$0 (12 visits/yr)                                      |
| Routine Foot Care                | NOT COVERED                            | \$0 (2 visits/yr)                           | \$0                                   | \$0-up to 8 visits/yr   | \$0-20%  | \$0   | \$0 (12 visits/yr)                                      |
| P.T.,O.T. and Speech<br>Therapy  | 20% **                                 | \$0   | \$0                                   | \$0   | \$0  | \$0   | \$0   |
| Inpatient Hospital               | \$1,676<br>deductible                  | \$0   | \$0                                   | Tier A \$0-\$200/stay;<br>\$600/yr max;<br>Tier B \$550/stay;<br>\$2,200/yr max | \$0  | \$0   | \$0   |
| Inpatient Mental<br>Health*      | \$1,676<br>deductible                  | \$0   | \$0                                   | \$0-\$150/day for days 1-<br>5;<br>\$0/day for days 6-90                        | \$0  | \$0   | \$0   |
| Skilled Nursing                  | \$0 days 1-20,<br>\$209.50 days 21-100 | \$0   | \$0                                   | \$0   | \$0/day for up to 100<br>days/yr                             | \$0   | \$0   |
| Home Health Care                 | \$0                                    | \$0   | \$0                                   | \$0   | \$0  | \$0   | \$0   |
| Mammograms                       | \$0                                    | \$0   | \$0                                   | \$0   | \$0  | \$0   | \$0   |
| Bone Mass                        | \$0                                    | \$0   | \$0                                   | \$0   | \$0  | \$0   | \$0   |
| Colorectal Screening<br>Exams    | \$0                                    | \$0   | \$0                                   | \$0   | \$0  | \$0   | \$0   |
| Flu, Pneumonia &<br>Hepatitis B  | \$0                                    | \$0   | \$0                                   | \$0   | \$0  | \$0   | \$0   |

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| ORIGINAL MEDICARE                 |  | United Healthcare<br>NHP<br>1(877) 505-9101   | Humana Gold<br>Plus<br>1-800-833-2364                                   | Independent Health<br>Medicare Family<br>Choice<br>716-635-4900  | Nascentia Health<br>Plus Dual Advantage<br>1-888-477-0090   | Nascentia<br>Medicaid<br>Advantage Plus<br>1-888-477-0900         | Nascentia Skilled<br>Nursing Facility<br>1-888-477-0090                 |
|-----------------------------------|--|---|---|--|---|---|---|
|                                   |  | Institutional with<br>MA  | (HMO-D-SNP)<br>MA & QMB   | Institutional Care<br>HMO-I-SNP  | (HMO-D-SNP)<br>MA   | HMO-D-SNP<br>MA or QMB  | HMO-I-SNP   |
| <b>PREMIUMS</b>                   | \$185  | \$0-\$23.70   | \$0   | \$59   | \$0   | \$0   | \$0-\$58.82   |
| <b>Deductible</b>                 | \$257  | \$0   | \$0   | \$0  | \$0   | \$0   | \$0   |
| Prescription Drugs                | 0%-20% Part B<br>covered only;<br>NO PART D  | Copays<br>\$0/\$1.35/\$3.95/<br>\$4.00/\$9.85/15% Part<br>B: \$0  | Copays \$0/\$1.60/\$4.90<br>Part B: \$0                                 | Copays<br>\$2/\$10/\$37/40%/<br>33%; Part B: \$0   | Copays<br>\$0/\$1.60/\$4.90 Part<br>B: \$0  | \$0-\$5.10; \$0-\$12.15;<br>Part B-\$0;<br>authorization reqd.    | \$615 Ded. All tiers;<br>then 25% all tiers;<br>or \$/\$1.90-\$0/\$5.10 |
| Vision Services                   | 20% + for 1 pair<br>glasses/frames/contact<br>lens after cataract<br>surgery 20% +<br>coverage for<br>retinopathy exam 1 per<br>yr for diabetics | \$0 Exams, \$0 Post<br>Cataract Eyewear, \$0<br>every 2 yrs; up to<br>\$150/yr routine<br>eyewear allowance | \$0 for Covered<br>Services; \$150-\$250/yr<br>Max eyewear<br>allowance | \$0: Exams; up to \$150<br>eyewear allowance/yr, \$0<br>post cataract surgery<br>glasses from EyeMed<br>provider | \$0 exam; \$0 post<br>cataract Eyewear; \$0<br>routine exam; up to<br>\$700/yr routine<br>eyewear allowance | \$0 for covered<br>services;<br>\$350/yr eyewear<br>allowance max | \$0 for covered<br>services;<br>\$700/yr eyewear<br>allowance max       |
| Hearing Services                  | 40% + Medically<br>necessary exams<br>only no aides  | \$0 Exams, \$2,000<br>Hearing Aid<br>Allowance every 2 yrs  | \$0/yr Exam; 1 aid/ear<br>from Tru Hearing<br>every 3 yrs               | \$0 Exams,<br>\$45 fitting exam; \$1,000/yr<br>per device; 2 aids/yr from<br>Start Hearing Network               | \$0 Routine Exams,<br>\$4,000/yr max for 2<br>aids  | \$0 Routine/yr<br>Exam; \$2,000/yr<br>for 2 aids                  | \$1,750/yr/ear;<br>\$3,500 max for<br>aid/exams                         |
| Diabetic training and<br>supplies | 20%  | \$0 Training, \$0 Shoes or<br>Inserts, \$0 Supplies<br>(covered brands)                                     | \$0 Training, \$0 shoes or<br>inserts,<br>\$0 Supplies                  | \$0  | \$0 Training, \$0 shoes or<br>inserts,<br>\$0 Supplies  | \$0   | \$0   |
| Dental Coverage                   | limited<br>coverage  | \$0 for Covered<br>Services, \$1,000 limit  | \$0 for preventive and<br>comprehensive benefit with<br>limits          | Tier A \$0<br>Tier B \$50  | \$0 for preventive and<br>comprehensive benefit with<br>limits  | \$0 for preventive &<br>comprehensive<br>w/prior authorization    | \$0 for preventive &<br>comprehensive<br>w/prior authorization          |
| Over The Counter                  |  | \$155/qtr OTC card  | \$130/mo OTC/Food   | \$120/qtr OTC  | \$225/mo OTC/Food   | \$225/mo OTC/<br>food, etc.                                       |   |
| With full LIS                     |  | \$0   | \$0   | \$0  | \$0   | \$0   | \$0   |
| With full LIS & EPIC              |  | \$0   | \$0   | \$0  | \$0   | \$0   | \$0   |
| Max Out Of Pocket                 |  | \$3,000   | \$9,250   | \$3,000  | \$0   | \$0   | \$6,000   |

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| ORIGINAL MEDICARE             |  | HumanaChoice<br>SNP-DE<br>1-800-833-2364 |           | Independent Health<br>Assure Advantage<br>716-635-4900 | Aetna Medicare<br>Full Dual<br>1-833-859-6031 | United Healthcare Dual<br>Complete Choice<br>1-844-560-4944 |          | United Healthcare<br>Dual Complete<br>NY-Y001<br>1-844-560-4944 | Aetna Medicare<br>Partial Dual<br>1-833-859-6031 |
|-------------------------------|--|--|-----------|--|---|---|----------|---|--|
|                               |  | (PPO-D-SNP)<br>MA & QMB                  |           | (HMO C SNP) Chronic Heart<br>Failure Diagnoses         | (HMO D SNP)<br>MA                             | (PPO-D-SNP) NY-S001<br>MA                                   |          | HMO-POS-D-SNP<br>MA or QMB+                                     | (HMO-D-SNP)<br>MA or QMB                         |
| PREMIUMS                      | \$185  | \$0                                      |           | \$46.50  | \$0   | \$0 Prem.   | \$0 Ded. | \$0 Prem; \$0 Ded.  | \$0 Prem; \$0 Ded.                               |
| Deductible                    | \$257  | \$0                                      |           | \$0  | \$0   | \$0   | \$0-30%  | \$0   | \$0  |
| PCP Visits                    | 20%**  | \$0                                      | \$0-30%   | Tier A \$0; Tier B \$25                                | \$0   | \$0   | \$0-40%  | \$0   | \$0  |
| Wellness exam                 | \$0  | \$0                                      | \$0-30%   | \$0  | \$0   | \$0   | \$0-30%  | \$0   | \$0  |
| Specialty Visits              | 20%**  | \$0                                      | \$0-30%   | Tier A \$0-\$20; Tier B \$50                           | \$0   | \$0   | \$0-30%  | \$0   | \$0  |
| Outpatient Mental<br>Health   | 40%  | \$0                                      | \$0-30%   | \$30   | \$0   | \$0   | \$0-30%  | \$0   | \$0  |
| Outpatient Substance<br>Abuse | 20   | \$0                                      | \$0-30%   | \$40   | \$0   | \$0   | \$0-30%  | \$0   | \$0  |
| Outpatient Surgery            | 20% **   | \$0                                      | \$0-30%   | Tier A \$300/\$350<br>Tier B \$550                     | \$0   | \$0   | \$0-40%  | \$0   | \$0  |
| Emergency Care                | 20% **   | \$0                                      | \$0-\$115 | \$125  | \$0   | \$0   | \$0      | \$0   | \$0  |
| Urgent Care                   | 20% **   | \$0                                      | \$0-\$40  | \$50   | \$0   | \$0   | \$0      | \$0   | \$0  |
| Ambulance Services            | 20% **   | \$0                                      | \$0-\$335 | \$220 ground/air                                       | \$0   | \$0   | \$0-20%  | \$0   | \$0  |
| Durable Medical<br>Equipment  | 20% ** (must use<br>supplier enrolled<br>w/Medicare) | \$0                                      | \$0-20%   | 10%-20%  | \$0   | \$0   | \$0-20%  | \$0   | \$0  |
| Prosthetic Devices            | 20% **   | \$0                                      | \$0-20%   | 20%  | \$0   | \$0   | \$0-20%  | \$0   | \$0  |
| Diagnostic Radiology          | 20%  | \$0                                      | \$0-30%   | Tier A \$155; Tier B \$550                             | \$0   | \$0   | \$0-40%  | \$0   | \$0  |
| X Rays                        | 20% **   | \$0                                      | \$0-30%   | \$30   | \$0   | \$0   | \$0-40%  | \$0   | \$0  |
| Lab Services                  | \$0  | \$0                                      | \$0-30%   | \$0 labs; 20% genetic tests                            | \$0   | \$0   | \$0      | \$0   | \$0  |
| Dialysis                      | 20%  | \$0                                      | \$0-20%   | \$0-20%  | 0-20%   | \$0   | 0-20%    | \$0   | \$0  |
| Radiation Therapy             | 20%  | \$0                                      | \$0-30%   | 20%/20%  | \$0   | \$0   | \$0-20%  | \$0   | \$0  |
| Chiropractic Care             | limited<br>coverage 20%<br>**                        | \$0                                      | \$0-30%   | Chiro \$15<br>Accup \$20                               | \$0   | \$0   | \$0-30%  | \$0   | \$0  |

2026 Medicare Special Needs Plans for Erie County DRAFT

| ORIGINAL MEDICARE                |   | HumanaChoice<br>SNP-DE<br>1-800-833-2364 |                | Independent Health<br>Assure Advantage<br>716-635--4900            | Aetna Medicare<br>Full Dual<br>1-833-859-6031 | United Healthcare Dual<br>Complete Choice<br>1-844-560-4944 |  | United Healthcare<br>Dual Complete<br>NY-Y001<br>1-844-560-4944 | Aetna Medicare<br>Partial Dual<br>1-833-859-6031 |
|----------------------------------|---|--|----------------|--|---|---|--|---|--|
|                                  |   | (PPO-D-SNP)<br>MA & QMB                  |                | (HMO SNP) C SNP Diabetes<br>and Chronic Heart Failure<br>Diagnoses | (HMO D SNP)<br>MA                             | (PPO-D-SNP) NY-S001<br>MA                                   |  | HMO-POS-D-SNP<br>MA or QMB+                                     | (HMO-D-SNP)<br>MA or QMB                         |
| PREMIUMS                         | \$185   | \$0                                      |                | \$46.50  | \$0   | \$0 Prem.   | \$0 Ded.   | \$0 Prem; \$0 Ded.  | \$0 Prem; \$0 Ded.                               |
| Deductible                       | \$257   | \$0                                      |                | \$0  | \$0   | IN  | OUT  | \$0   | \$0  |
| Transportation                   | Not Covered   | Not Covered                              |                | \$0 (12) one-way trips/yr to plan<br>approved places               | Not Covered                                   | Routine Transp.Not Covered                                  |  | Not Covered   | Not Covered                                      |
| Medically Necessary<br>Foot Care | Limited<br>Coverage                                       | \$0                                      | \$0-30%        | \$0  | \$0 up to 12 visits/yr                        | \$0   | 0-30%  | \$0   | \$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   | 30% for 6<br>visits/yr                                     | \$0   | \$0-up to 4 visits/yr                            |
| P.T.,O.T. and Speech<br>Therapy  | 20%**   | \$0                                      | \$0-30%        | \$10   | \$0   | \$0   | \$0-30%  | \$0   | \$0  |
| Inpatient Hospital               | \$1,676<br>deductible                                     | \$0                                      | \$0-\$2,230/yr | Tier A \$250/day for days 1-6;<br>Tier B \$550/day for days 1-5    | \$0   | \$0   | \$0-\$2,230/Stay   | \$0   | \$0  |
| Inpatient Mental Health*         | \$1,676<br>deductible                                     | \$0                                      | \$0-\$2,080/yr | Tier A \$1,500/yr<br>Tier B \$2,750/yr                             | \$0   | \$0   | \$0-\$2,080/Stay   | \$0   | \$0  |
| Skilled Nursing                  | \$0/day for day 1-20,<br>\$209.50/days for<br>days 21-100 | \$0                                      | \$0-30%        | \$0/day for days 1-20;<br>\$214/day for days 21-100                | \$0/day for day 1-<br>100                     | \$0 up to 100<br>days                                       | \$0/day for days 1-<br>20; \$209.50/day<br>for days 21-100 | \$0   | \$0  |
| Home Health Care                 | \$0   | \$0                                      | \$0-30%        | \$0  | \$0   | \$0   | \$0  | \$0   | \$0  |
| Mammograms                       | \$0   | \$0                                      | \$0            | \$0  | \$0   | \$0   | \$0  | \$0   | \$0  |
| Bone Mass                        | \$0   | \$0                                      | \$0            | \$0  | \$0   | \$0   | \$0  | \$0   | \$0  |
| Colorectal Screening<br>Exams    | \$0   | \$0                                      | \$0            | \$0  | \$0   | \$0   | \$0  | \$0   | \$0  |
| Flu, Pneumonia & Hepatitis B     | \$0   | \$0                                      | \$0            | \$0  | \$0   | \$0   | \$0  | \$0   | \$0  |



2026 Medicare Special Needs Plans for Erie County DRAFT

| ORIGINAL MEDICARE              |   | HumanaChoice<br>SNP-DE<br>1-800-833-2364                             |  | Independent Health<br>Assure Advantage<br>716-635-4900   | Aetna Medicare<br>Full Dual<br>1-833-859-6031                        | United Healthcare Dual<br>Complete Choice<br>1-844-560-4944     |   | United Healthcare<br>Dual Complete<br>NY-Y001<br>1-844-560-4944 | Aetna Medicare<br>Partial Dual<br>1-833-859-6031                     |
|--------------------------------|---|--|--|--|--|---|---|---|--|
|                                |   | (PPO-D-SNP)<br>MA & QMB  |  | (HMO C SNP)<br>Chronic Heart Failure   | (HMO D SNP)<br>MA  | (PPO-D-SNP) NY-S001<br>MA                                       |   | HMO-POS-D-SNP<br>MA or QMB+                                     | (HMO-D-SNP)<br>MA or QMB   |
| PREMIUMS                       | \$185   | \$0  |  | \$46.50  | \$0  | \$0 Prem.   | \$0 Ded.  | \$0 Prem.   | \$0 Prem   |
| Deductible                     | \$257   | \$0  |  | \$0  |  | IN  | OUT   | \$0   | \$0  |
| Prescription Drugs             | 0%-20% Part B covered only;<br>NO PART D  | Copays<br>\$0/\$1.60-<br>\$12.65;<br>\$0-Part B:                     | Copays \$0/\$1.60-<br>\$12.65;<br>30%-Part B:                            | Copays<br>\$0/\$10/\$47/50%/32%;\$50 Ded.<br>for Tiers 3-5;<br>\$35 insulin; 20& Part B drugs<br>\$2,100/yr max        | Copays \$0;<br>\$0 for Part B Drugs                                  | Copays \$0;<br>\$0 for Part B Drugs                             | Copays \$0; \$0-<br>20% for Part B Drugs                        | Copays \$0 or \$1.60-<br>\$5.10;<br>\$0 or Part B               | Copays \$0;<br>\$0 for Part B Drugs                                  |
| Vision Services                | 20% + for 1 pair glasses/frames/contact lens after cataract surgery<br>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; \$100/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 from EyeMed                | \$0 Exam up to \$200/yr max eyewear allowance                   | \$0-30% Exam up to \$200/yr max eyewear allowance               | \$0 Routine exam w/prior auth; \$0 or Medicare covered services | \$0 Exams; up to \$100/yr for nom Medicare covered eyewear           |
| 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. | \$250/yr allowance; \$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  | 30% exam; \$1500/yr for 2 aids through United Healcare Hearing  | \$0 Exams or Medicare covered seervices                         | \$0 Exams; \$1,700/yr per aid for aids purchased from NationsHearing |
| Diabetic training and supplies | 20%   | \$0  | 0-20%  | \$0  | \$0  | \$0   | 0-20%/40%   | \$0   | \$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          | \$0-\$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 Exam & Cleaning; no max for preventive and comp. but limits | \$0 preventive for covered serices with Liberty Dental               |
| Over The Counter               |   | \$125/mo OTC   |  |  | \$140/qtr OTC/Food   | \$98/mo OTC/Food, etc   |   | \$310/mo OTC/food, etc  | \$15/mo OTC Food   |
| With full LIS                  |   | \$0  |  | \$0  | \$0  | \$0   |   | \$0   | \$0  |
| With full LIS & EPIC           |   | \$0  |  | \$0  | \$0  | \$0   |   | \$0   | \$0  |
| Max Out Of Pocket              |   | \$9,250  | \$13,900   | \$6,750  | \$9,250  | \$13,900  |   | \$0   | \$9,250  |

2026 Medicare Special Needs Plans for Erie County DRAFT

| ORIGINAL MEDICARE             |  | VNS Health<br>Total Health<br>1-866-414-6715 | VNS Health<br>Easy Care Plus<br>1-866-414-6715 | Aetna Medicare Longevity<br>1-833-859-6031 |                        | Univera Medicare Dual<br>716-504-5680<br>(Erie and Orleans Cos. only) |
|-------------------------------|--|--|--|--|------------------------|---|
|                               |  | (HMO-D-SNP)<br>MA                            | (HMO-D-SNP)<br>MA                              | (PPO-I-SNP)<br>Institutional               |                        | (HMO D-SNP)<br>MA & QMB+  |
| PREMIUMS                      | \$185  | \$0  | \$0-\$51.60                                    | \$0-\$58.80                                |                        | \$0   |
| Deductible                    | \$257  | \$0  | \$0  | \$0 Deductible<br>In Out                   |                        | \$0; (\$30/mo food allowance<br>for chronically ill members)          |
| PCP Visits                    | 20%**  | \$0  | \$0-20%  | \$5  | 30%                    | \$0   |
| Wellness exam                 | \$0  | \$0  | \$0  | \$0-20%                                    | \$0-30%                | \$0   |
| Specialty Visits              | 20%**  | \$0  | \$0-20%  | \$0-20%                                    | 30%                    | \$0   |
| Outpatient Mental<br>Health   | 40%  | \$0  | \$0-20%  | 20%  | 30%                    | \$0   |
| Outpatient Substance<br>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 \$115                            | \$115                                      | \$115                  | \$0   |
| Urgent Care                   | 20% **   | \$0  | \$0-20% up to \$40                             | \$40                                       | \$40                   | \$0   |
| Ambulance Services            | 20% **   | \$0  | \$0-20%  | 20%  | 20%                    | \$0   |
| Durable Medical<br>Equipment  | 20% ** (must use<br>supplier enrolled<br>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<br>20% **                           | Chiro-\$0<br>Accup-\$0                       | Chiro-\$0-20%<br>Accup-\$0-20%                 | Chiro-20%<br>Accup-20%                     | Chiro-30%<br>Accup-30% | \$0   |

2026 Medicare Special Needs Plans for Erie County DRAFT

| ORIGINAL MEDICARE                |   | VNS Health<br>Total Health<br>1-866-414-6715 | VNS Health<br>Easy Care Plus<br>1-866-414-6715  | Aetna Medicare Longevity<br>1-833-859-6031<br>(member services)<br>(1-844-826-5291)                            |          | Univera Medicare Dual<br>716-504-5680<br>(Erie and Orleans Cos. only) |
|----------------------------------|---|--|---|--|----------|---|
|                                  |   | (HMO-D-SNP)<br>MA                            | (HMO-D-SNP)<br>MA   | (PPO-I-SNP)<br>Institutional   |          | (HMO D-SNP)<br>MA & QMB+  |
| PREMIUMS                         | \$185   | \$0  | \$0-\$51.60   | \$0-\$58.80  |          | \$0   |
| Deductible                       | \$257   | \$0  | \$0   | \$0 Deductible<br>In Out   |          | \$0; (\$30/mo food allowance<br>for chronically ill members only)     |
| Transportation                   | Not Covered   | \$0 Medicaid Covered                         | \$0 or 7 r/t rides/yr   | Not Covered  |          | \$0<br>(Medicaid Covered)   |
| Medically Necessary<br>Foot Care | Limited<br>Coverage<br>20%**                            | \$0-20%                                      | \$0-20%   | \$0-20%  | 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<br>Therapy  | 20%**   | \$0  | \$0-20%   | \$0  | 30%      | \$0   |
| Inpatient Hospital               | \$1,676<br>deductible                                   | \$0  | \$1676 Ded; \$0/day for day 1-<br>60; \$419/day for days 61-90;<br>\$838/day for 60 lifetime days | \$1676 Ded.; \$0/day for days<br>1-60; \$419/day for days 61-<br>90; \$838/day for 60 lifetime<br>reserve days | 30%/Stay | \$0   |
| Inpatient Mental Health*         | \$1,676<br>deductible                                   | \$0  | \$0-20%   | \$1676 Ded.; \$0/day for days<br>1-60; \$419/day for days 61-<br>90; \$838/day for 60 lifetime<br>reserve days | 30%/Stay | \$0   |
| Skilled Nursing                  | \$0/day for day 1-20,<br>209.50/days for days<br>21-100 | \$0  | \$0/day for day 1-20,\$<br>209.50/days for days 21-100  | \$0/day for days<br>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<br>Exams    | \$0   | \$0  | \$0   | \$0  | \$0-30%  | \$0   |
| Flu, Pneumonia & Hepatitis B     | \$0   | \$0  | \$0   | \$0  | \$0-30%  | \$0   |

2026 Medicare Special Needs Plans for Erie County DRAFT

| ORIGINAL MEDICARE              |  | VNS Health<br>Total Health<br>1-866-414-6715                               | VNS Health<br>Easy Care Plus<br>1-866-414-6715                           | Aetna Medicare Longevity<br>1-833-859-6031<br>(member services)<br>(1-844-826-5201) |  | Univera Medicare Dual<br>716-504-5680<br>(Erie and Orleans Cos. only) |
|--------------------------------|--|--|--|---|--|---|
|                                |  | (HMO-D-SNP)<br>MA  | (HMO-D-SNP)<br>MA  | (PPO-I-SNP)<br>Institutional  |  | (HMO D-SNP)<br>MA & QMB+  |
| PREMIUMS                       | \$185  | \$0  | \$0-\$51.60  | \$0-\$58.80   |  | \$0   |
| Deductible                     | \$257  | \$0  | \$0  | \$0 Deductible<br>InOut   |  | \$0   |
| Prescription Drugs             | 0%-20% Part B covered only; NO PART D  | \$0 Copays; \$0 for Part B drugs   | \$0-\$615 Ded; \$0-20% Part B drugs                                      | \$0 Ded. then 25%; \$35 insulin; Part B drugs-\$0-20%                               | \$0 Ded.then 25%; \$35 insulin; Part B drugs-30%                   | \$0/\$1.90/\$5.10; \$0/\$4.90/\$12.15; Part B Drugs-\$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; \$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 \$2,750/yr for covered services | \$0 for covered preventive and services; up to \$1,500/yr mx                        | \$0 for covered preventive and comp. services; up to \$1,500/yr mx | \$0 for Preventive and Comp; no max but limits per Health Plex        |
| Over The Counter               |  | \$310/mo OTC and Food<br>\$70/mo flex card                                 | \$272/mo OTC Food<br>\$37.50 Flex Card/mo                                | \$150/qtr OTC at CVS  |  | \$65/mo OTC and Food  |
| With full LIS                  |  | \$0  | \$0  | \$0   |  | \$0   |
| With full LIS & EPIC           |  | \$0  | \$0  | \$0   |  | \$0   |
| Max Out Of Pocket              |  | \$0  | \$9,250  | \$9,250   | \$13,900   | \$0   |