2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		Excellus Health - Univera 1-800-659-1986							Wellcare Fidelis Care 1-866-822-1339				
Medical Service	Original Medicare	SeniorChoice Value	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Select NO RX	SeniorChoice Extra $25 Buyback	Wellcare Fidelis Assist		Wellcare Fidelis Patriot No Premium No RX		Wellcare Fidelis No Premium
PREMIUMS	$170.10	$60	$92	$33	$0	$107	$0	$0	$17.10		$0		$0
		HMO	HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO-POS		HMO-POS		HMO
Deductible	$233	$0	$0	$0	$0	$0	$0	$0	0 Ded; $25/qtr OTC		$0		0 Ded; $25/qtr OTC
									In	Out	In	Out	
PCP Visits	20%**	$5	$5/30%	$5/30%	$10	$0/30%	$15/30%	$15	$0	50%	$0	50%	$10
Annual Wellness Exam	$0	$0	$0/30%	$0/30%	$0	$0/30%	$0/30%	$0	$0	50%	$0	50%	$0
Specialty Visits	20%**	$35	$35/30%	$30/30%	$35	$25/30%	$40/30%	$45	$30	50%	$30	50%	$45
Outpatient Mental Health	20%	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	$25	50%	$25	50%	$25
Outpatient Substance Abuse	20%**	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	$25	50%	$25	50%	$25
Outpatient Surgery	20%**	$325	$300/30%	$350/30%	$375	$200/30%	$250/30%	$425	340/$390	50%	390/$340	50%	403/$353
Emergency Care	20%**	$90	$90	$90	$90	$90	$90	$90	$90	$90	$90	$90	$90
Urgent Care	20%**	$60	$0	$60	$65	$50	$50	$65	$30	$30	$30	$30	$45
Ambulance Services	20%**	$200	$200	$275	$300	$100	$150	$325	$350/trip	50%	$350/trip	50%	$350/trip
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	50%	20%	50%	20%
Prosthetic Devices	20%**	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	50%	20%	50%	20%
X-Rays	20%**	$50	$50/30%	$55/30%	$55	$40/30%	$40/30%	$60	$0	50%	$0	50%	$0
Diagnostic Radiology	20%**	$250	$175/30%	$275/30%	$300	$150/30%	$150/30%	$425	$150-$390	50%	$100-$390	50%	$150/$403
Lab Services	$0	$2	$2/30%	$5/30%	$6	$0/30%	$10/30%	$15	$0	50%	$0	50%	$0
Dialysis	20%**	20%	20%/20%	20%/20%	20%	20%/20%	20%/20%	20%	20%	50%	20%	50%	20%
Radiation Therapy	20%**	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	50%	20%	50%	20%
Chiropractic Care	Limited Coverage 20%**	$10	$10/30%	$9/30%	$10	$0/30%	$15/30%	$15	$20	50%	$20	50%	$20
Medically Necessary Foot Care	Limited Coverage 20%**	$35	$35/30%	$30/30%	$35	$25/30%	$40/30%	$45	$30	50%	$30	50%	$45
Routine Foot Care	Not Covered	$35	$35/30%	$30/30%	$35	$25/30%	$40/30%	$45	$30	50%	$30	50%	$45
P.T., O.T. and Speech Therapy	20%**	$40	$40/30%	$40/30%	$40	$40/30%	$40/30%	$40	$30	50%	$30	50%	$40

2022 Medicare Advantage HMO Plans in Erie County

		Excellus Health - Univera 1-800-659-1986							Wellcare Fidelis Care 1-866-822-1339				
Medical Service	Original Medicare	SeniorChoice Value	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Select NO RX	SeniorChoice Extra $25 Buyback	Wellcare Fidelis Assist		Wellcare Fidelis No Premium NO RX		Wellcare Fidelis No Premium
PREMIUMS	$170.10	$60	$92	$33	$0	$107	$0	$0	$17.10		$0		$0
		HMO	HMO-POS	HMO/POS	HMO	HMO-POS	HMO-POS	HMO	HMO-POS		HMO-POS		HMO
Deductible	$233	$0	$0	$0	$0	$0	$0	$0	0 Ded; $25/qtr OTC		$0		$0
									In	Out	In	Out	
Inpatient Hospital	$1,556 deductible	$360/day for days 1-5; $0/day for days 6-90	$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	$390/day for days 1-5; $0/day for days 6-90	50%	$390/day for days 1-5	50%/stay	$403/day for days 1-5; $0/day for days 6-90
Inpatient Mental Health	$1,556 deductible	$360/day for days 1-5; $0/day for days 6-90	$310/day for days 1-5; $0/day for days 6-90/30%	$360/day for days 1-5; $0/dayfor days 6+ covered in full/30%	$390/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	$350/day for days 1-5;$0/day for days 6-90	50%/stay	$350/day for days 1-5; $0/day for days 6-90	50%/stay	$374/day for day 1-5; $0/day for days 6-90
Skilled Nursing Facility	$0/day for day 1-20; $194.50/day for days 21-100	$0/day for days 1-20; $188/day 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for day 1-20; $188/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for day 1-20, $184/day for days 21-100	50%	$0/day for days 1-20, $184/day for day 21-100	50%	$0/day for days 1-20, $184/day for day 21-100
Home Health Care	$0	$0	$0/30%	$0/30%	0/30%	$0/30%	$0/30%	$0	$0	50%	$0	50%	$0
Mammograms	$0	$0/30%	$0/30%	$0/30%	0/30%	$0/30%	$0/30%	$0	$0	50%	$0	50%	$0
Bone Mass Measurement	$0	$0	$0/30%	$0/30%	0/30%	$0/30%	$0/30%	$0	$0	50%	$0	50%	$0
Colorectal Screening	$0	$0	$0/30%	$0/30%	0/30%	$0/30%	$0/30%	$0	$0	50%	$0	50%	$0
Flu, Pneumonia & Hepatitis B	$0	$0	$0	$0; $0/30% for Hepatitis B	0/30%; $0 for Heptitis B	$0/30%	$0/30%	$0	$0	50%	$0	50%	$0
Cardiac Rehab	20%	$35	$35/30%	$30/30%	$35	$25/30%	$40/30%	$45	$30	50%	$30	50%	$40

2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		Excellus Health - Univera 1-800-659-1986							Wellcare Fidelis Care 1-866-822-1339				
Medical Service	Original Medicare	SeniorChoice Value	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	Senior Choice Select NO RX	SeniorChoice Extra $25 Buyback	Wellcare Fidelis Assist		Wellcare Fidelis No Premium No RX		Wellcare Fidelis No Premium
PREMIUMS	$170.10	$60	$92	$33	$0	$107	$0	$0	$17.10		$0		$0
		HMO	HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO-POS		HMO-POS		HMO
Deductible	$233	$0	$0	$0	$0	$0	$0	$0	0 Ded; $25/qtr OTC		$0		$0
Over the Counter Allowance		$30/qtr allowance	$30/qtr allowance	$30/qtr allowance	$30/qtr allowance	$30/qtr allowance	$30/qtr allowance	$30/qtr allowance	In	Out	In	Out	$25/qtr OTC
Prescription Drugs	20% Part B covered on NO PART D	Preferred Copays $0/$10/$42/$95/33%, no dedutible, Part B Drugs-20%	Preferred Copays $0/$10/$42/$95/33%, no dedutible, Part B Drugs-20%/30%	Preferred Copays $0/$14/$42/$95/33%; $150 deductible for Tiers 3-5; Part B Drugs-20%	Prefrred Copays $0/$14/$42/$95/26%; $360 deductible for Tiers 3-5; Part B Drugs 20%	Preferred Copays $0/$5/$42/$95/33%, no dedutible, Part B Drugs-20%/30%	Part B Drugs 20%/30%; **No Part D**	Preferred Copays $3/$12/$42/28%/27%; $350 Deductible Tiers 3-5; Part B Drugs 20%	Copays $0/$10/22%/37%/25%, $480 deductible for Tiers 3-5; Part B Drugs-20%	Copays $0/$10/22%/37%/25%, $480 deductible for Tiers 3-5; Part B Drugs-50%	Part B Drugs-20%, No Part D	Part B Drugs-50%, No Part D	Copays $0/$15/$37/42%/33%. No dedutcible, Part B Drugs-20%
Vision Services	20% + for glasses, frames, or contact lens post cataract surgery; 20%+ for retinopathy exam 1/year for diabetics	$0 Routine Exam, $175 eyewear allowance	$0 Routine Exam, $200 eyewear allowance	$0 Routine Exam, $150 eyewear allowance	$0 Routine Exam, $100 eyewear allowance	$0 Routine Exam; $250 eyewear allowance/30%	$0 Routine Exam, $120 eyewear allowance	$0 Rouine Exam, $250 every other yr eyewear allowance	$0-$30 Exam, $200/yr eyewear allowance	50% or not covered	$0 Routine Eye Exam, $50 Eyewear Allowance	50% or Not Covered	$0 Routine Eye Exam, $50 Eyewear Allowance
Hearing Services	20%	$45 Routine Exam, member pays $699-$999 for TruHearing brand aid	$45 Routine Exam, member pays $699-$999 for TruHearing brand aid	$45 Routine Exam, member pays $699-$999 for TruHearing brand aid	$45 Routine Exam, member pays $699-$999 for TruHearing brand aid	$45 Routine Exam, member pays $699-$999 for TruHearing brand aid	$45 Routine Exam, member pays $699-$999 for TruHearing brand aid	$45 Routine Exam, $699-$999/yr for Tru Hearing brand aid	$0-$30 Exam, up to $700/yr for 2 aids	50% Exam, No Hearing Aid Coverage	$0-$30 Exam, up to $700/yr for 2 aids	50% Exam, No Hearing Aid Coverage	$0-$45 Exam; up to $700/yr for 2 aids
Diabetic Training and Supplies	20%	$5	$5/30%	$5/30%	$5	$5/30%	$5/30%	$5	$0	$0-50%	$0	$0-50%	$0
Dental Coverage	Limited Coverage	Preventive Dental covered *additional dental can be purchased	Preventive Dental covered *additional dental can be purchased	Preventive Dental covered *additional dental can be purchased	Preventive Dental covered $10/service *additional dental can be purchased	Preventive Dental covered *additional dental can be purchased	Preventive Dental covered *additional dental can be purchased	Preventive Dental covered $15/service *additional dental can be purchased	$0 Copay for 2 exams, 2 cleanings and x-rays/yr; up to $2,000/yr for services	50% or not covered	$0-$30 Copay for 2 exams,2 cleanings and x-rays/yr; up to $500/yr for services	50% or not covered	$0 Copay for 2 exams,2 cleanings and x-rays/yr; up to $500/yr for services
Max out of Pocket		$6,700	$5,000	$7,200	$7,550	$4,500	$4,500	$7,550	$7,550		$7,550		$7,550
With Full LIS		$17.57	$49.57	$0	$0	$64.57	NO RX	$0	$0		NO RX		$0
With Full LIS & EPIC		$9.40	$45.50	$0	$0	$59.90	NO RX	$0	$0		NO RX		$0

2021 Medicare Advantage HMO Plans in Erie County

Oringinal Medicare		MVP Health 1-800-665-7924			Wellcare 1-800-278-5155		BlueCross Blue Shield 1-800-248-9296				
Medical Service	Original Medicare	Medicare Secure		Preferred Gold	Wellcare Patriot NO RX	Wellcare No Premium HMO	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver	Senior Blue Basic
Premium	$170.10	$15		$211	$0	$0	$0	$121	$59	$0	$0
		HMO-POS		HMO-POS	HMO-POS	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	$233	$0	$0	$0	$0	$225	$0	$0	$0	$0	$0 Ded; $50 Credit
		IN	OUT	$50/qtr OTC	$25/qtr OTC	OTC Card $60/qtr.	$25/qtr OTC	$35/qtr OTC	$35/qtr OTC	$25/qtr OTC	
PCP Visits	20%**	$0	30%	$0	$0	$0	$5	$0	$5	$5	$15
Annual Wellness Exam	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Specialty Visits	20%**	$45	30%	$40	$30	$45	$45	$25	$30	$36	$45
Outpatient Mental Health	20%	$40	30%	$40	$25	$25	$40	$40	$40	$40	$40
Outpatient Substance Abuse	20%**	$45	30%	$40	$25	$25	50%	50%	50%	50%	50%
Outpatient Surgery	20%**	$325 Ambulatory $400 Hospital	30%	$225 Ambulatory $325 Hospital	$50 Ambulatory $75-20% Hosp.	$100-$225 Ambul. $225-20% Hosp.	$225 Ambulatory $325 Hospital	$225 Ambulatory $325 Hospital	$300 Ambulatory $400 Hospital	$325 Ambulatory $425 Hospital	$425/$475
Emergency Care	20%**	$90	30%	$90	$90	$90	$90	$90	$90	$90	$90
Urgent Care	20%**	$65	30%	$65	$25	$25	$65	$65	$65	$65	$65
Ambulance Services	20%**	$200	$500	$150	$250	$240	$200	$200	$260	$295	$300
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	30%	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%	$0-20%	20%	20%	$0 diabetic shoes/inserts; 20% other items	$0 diabetic shoes/inserts; 20% other items	$0 diabetic shoes/inserts; 20% other items	$0 diabetic shoes/inserts; 20% other items	$0 diabetic shoes/inserts; 20% other items
X-Rays	20%**	$50	30%	$40	$0	$0	$45	$40	$45	$45	$50
Diagnostic Radiology	20%	$50-$200	30%	$40-150	$75	$150-$225	$150	$150	$175	$175	$225
Lab Services	$0	0-$10	30%	$0-10	$0	$0	$0	$5	$5	$5	$10
Dialysis	20%	20%	30%	20%	20%	20%	20%	20%	20%	20%	20%
Radiation Therapy	20%	$20	30%	$10	20%	20%	20%	20%	20%	20%	20%
Chiropractic Care	20%** Limited Coverage	$20	Not Covered	$20	$0	$0	$20	$20	$20	$20	$20
Medically Necessary Foot Care	20%** Limited Coverage	$45	30%	$40	$35	$45	$45	$25	$30	$40	$45
Routine Foot Care	NOT COVERED	$0-$45	30%	$0	NOT COVERD	NOT COVERED	$45	$25	$30	$40	$45
P.T., O.T. and Speech Therapy	20%**	$40	30%	$20	$0	$40	$15	$15	$25	$30	$40

2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		MVP Health 1-833-368-4565			Wellcare 1-800-278-5155		BlueCross Blue Shield 1-800-248-9296				
Medical Service	Original Medicare	Medicare Secure		Preferred Gold	Wellcare Patriot NO RX	Wellcare No Premium HMO	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver	Senior Blue Basic
Premium	$170.10	$15		$211	$0	$0	$0	$121	$59	$0	$0
		HMO-POS		HMO-POS	HMO-POS	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	$233	$0	$0	$0	$0	$225	$0	$0	$0	$0	$0 Ded; $50 Credit
		IN	OUT	$50/qtr OTC	$25/qtr OTC	OTC Card $60/qtr	$25/qtr OTC	$35/qtr OTC	$35/qtr OTC	$25/qtr OTC	
Inpatient Hospital	$1,556 deductible	$385/day for days 1-5, $0/dayfor days 6+	30%	$365/day for days 1-5; $0/day for 6-90	$390/day for day 1-5, $0/day for days 6-90	$400/day for days 1-5, $0/day for days 6-90	$290/days for days 1-7, $0/day for days 8-90; $2030/yr max OOP	$225/day for days 1-7, $0/day for days 8-90; $1575/yr. max OOP	$335/day for days 1-5, $0/day for days 8-90; $1675/yr. max OOP	$360/day for days 1-5, $0/day for days 6-90; $1800/yr. max OOP	$400/day for days 1-5; $0/day for days 6-90; $2,000 max OOP
Inpatient Mental Health	$1,556 deductible	$370/days for days 1-5, $0/days for days 6+	Not Covered	$365/day for days 1-5; $0/day for 6-90	$300/day for days 1-4, $0/day for days 5-90	$370/day for days 1-5, $0/day for days 6-90	$260/day for days 1-6, $1560/yr max OOP	$215/day for days 1-6; $1290/yr max OOP	$260/day for days 1-6, $1560/yr. max OOP	$395/day for days 1-4, $1580/yr. max OOP	$395/day for days 1-4; $1,580/yr max OOP
Skilled Nursing Facility	$0/day for days 1-20, $194.50/day for days 21-100	$0/day for days 1-20, $188/day for days 21-100	Not Covered	$0/day for days 1-20, $188/day for days 21-100	$0/day for days 1-20, $165/day for days 21-100	$0/day for days 1-20, $165/day for days 21-100	$0/day for days 1-20, $188/day for days 21-100	$0/days for day 1-20, $188/day for days 21-100	$0/days for day 1-20, $188/day for days 21-100	$0/days for day 1-20, $188/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100
Home Health Care	$0	$0	not covered	$0; $0 for **Transp.** 12 one -way rides/yr	$0	$0	$0	$0	$0	$0	$0
Mammograms	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Bone Mass Measurement	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Colorectal Screening Exams	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Flue, Pneumonia & Hepatitis B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Cardiac Rehab	20%	$0	30%	$0	$35	$45	$15	$15	$15	$10	$15

2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		MVP Health 1-833-368-4565			Wellcare 1-800-278-5155		BlueCross Blue Shield 1-800-248-9296				
Medical Service	Original Medicare	Medicare Secure		Preferred Gold	Wellcare Patriot NO RX	Wellcare NO Premium HMO	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver	Senior Blue Basic
Premium	$170.10	$15		$211	$0	$0	$0	$121	$59	$0	$0
		HMO-POS		HMO-POS	HMO-POS	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	$233	$0	$0	$0	$0	$225	$0	$0	$0	$0	$0 Ded; $50 Credit
		IN	OUT	$50/qtr OTC	$25/qtr OTC	OTC Card $60/qtr.	$25/qtr OTC	$35/qtr OTC	$35/qtr OTC	$25/qtr OTC	
Prescription Drugs	20% Part B covered only; No Part D	Copays $0/$10/$47/25% /25%, $300 deductible for Tiers 3-5 Part B Drugs-20%	Copays $0/$20/$94/$25 %/n/a, $300 deductible for Tiers 3-5; Part B Drugs-not covered	Copays $0/$10$40/27%/33% no deductble; Part B Drugs- 20%	NO RX Benefit Part B Drugs-20%	Copays $0/$7/$37/ 48%/33% Part B Drugs-20%	No RX Benefit, Part B Drugs-20%	Copays $2/$10/$42/$94/33%; no Deductible; Part B Drugs-20%	Copays $2/$10/$42/$94/30%, $175 Deductible for Tiers 3-5; Part B Drugs-20%	Copays $2/$12/$42/$94/ 28%, $290 deductile for Tiers 3-5; Part B Drugs-20%	Copays $4/$12/$42/$94/27%; $350 deductible for Tiers 3-5; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses, frames, or contact lens after cataract surgery, 20% + coverage for retinopathy exam 1/year for diabetics	$20 Routine, $45 Other Exams; $150/yr eyewear allowance	30%	$0 Routine, $40 Other Exams; $225/yr eyewear allowance	$0 Routine Eye Exam, $35 Other Exams, Plan Pays up to $200/yr. for Routine Eyewear	$0 Routine Eye Exam, $45 Other Exams, Plans Pay up to $300/yr. for Routine Eyewear	$25 Routine Eye Exam, $45 other exams; $100/yr. max for Routine Eyewear	$25 Routine Eye Exam, $30 other exams; $200/yr. max for Routine Eyewear	$25 Routine Eye Exam, $30 other exams; $200/yr. max for Routine Eyewear	$25 Routine eye Exam, $40 other exams; $100/yr max for routine eyewear allowance	$25 Routine eye exam; $45 other exams; no eyewear allowance
Hearing Services	20%	$0 Exam, $699-$999/yr for each hearing aid	Not Covered	$0 Exam, $499-$799/yr for each hearing aid	$0 Exam, $35 diagnose/ treatment, $1,500/yr. toward hearing aids	$0 Exam; $45 diagnose/ treament, up to $1,500/yr. for 2 hearing aids	$45 Exam, $45 diagnose/ treatment; $699-$999/yr. toward hearing aid	$45 exam, $25 diagnose/ treatment, $599-$899/yr. toward hearing aid	$45 exam, $30 diagnose/ treatment; $599-$899/yr toward hearing aid	$45 exam, $40 diagnose/ treatment, $699-$999/yr. toward hearing aid	Not Covered
Diabetic Training and Supplies	20%	Training $0, Supplies 10%-20%	30%-not covered	Training $0; Supplies $0-20%	Training $0, Supplies 0, Shoes/Inserts 20%	Training $0, Supplies 0, Shoes/Inserts 20%	$0 diabetic stockings, shoes/inserts; 20% other items	$0 diabetic stockings, shoes/inserts; 20% other items	$0 diabetic stockings, shoes/inserts; 20% other items	$0 diabetic stockings, shoes/inserts; 20% other items	$0 diabetic stockings, shoes/inserts; 20% other items
Dental Coverage	Limited Coverage	1 Cleanings, 1 Exams, 1 set of x-rays; optional coverage available $25/mo	Not covered	$0 for 2 cleanings, exams, x-rays/yr; optional coverage available $25/mo	$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to 1,500/yr	$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to $2,000/yr	Preventive (routine cleanings, oral exams & x-rays); $10/service; optional plans available $12/mo or $25/mo	Preventive (routine cleanings, oral exams & x-rays); $10/service; optional plans available $12/mo or $25/mo	Preventive (routine cleanings, oral exams & x-rays); $10/service; optional plans available $12/mo or $25/mo	Preventive (routine cleanings, oral exams & x-rays); $10/service; optional plans available $12/mo or $25/mo	Preventive (routine cleanings, oral exams & x-rays); $23/service; optional plans available $12/mo or $25/mo
Max out of Pocket		$7,550	None	$7,550	$7,550	$6,700	$6,700	$6,700	$6,700	$7,550	$7,550
With Full LIS		$0.00			NO RX	$0	NO RX	$95.90	$16.70	$0	$0
With Full LIS & EPIC		$0.00			NO RX	$0	NO RX	$53.63	$0	$0	$0

2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 716-635-4900					United Healthcare 1-866-969-5368	Aetna 1-833-859-6031
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	Encompass 65 Element	Encompass 65 Edge	AARP Medicare Complete	Medicare Value Plan
PREMIUMS	$170.10	$0	$65	$125	$0	$0	*$30 Credit*	$0	$0
		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Over the Counter $		OTC Card $37.50/qtr.	$35/qtr; $140/yr	$50/qtr; $200/yr	$100/qtr; $400/yr	$25/qtr; $100/yr	n/a	$40/qtr; $160/yr	$60/qtr OTC
Deductible	$233	$0	$0	$0	$0	$0	$0	$0	$0
PCP Visits	20%**	$0	$0	$0	$0	$0	$25	$5	$0
Annual Wellness Exam	$0	$0	$0	$0	$0	$0	$0	$0	$0
Specialty Visits	20%**	$25	$35	$30	$10	$40	$50	$35	$30
Outpatient Mental Health	20%	$25	$25	$20	$20	$35	$40	$15-$25	$40
Outpatient Substance Abuse	20%**	$30	40%	$40	$40	$40	$40	0-$25	$40
Outpatient Surgery	20%**	$250 Ambulatory/ 20% Hospital	$275 ASC $325 O/P Hosp	$200 ASC $325 O/P Hosp	$100 ASC $100 O/P Hosp	$295 ASC $325 O/P Hosp	$425 ASC $475 O/P Hosp	$350-395	$150-$325
Emergency Care	20%**	$90	$90	$90	$90	$90	$90	$90	$90
Urgent Care	20%**	$30	$0	$65	$65	$65	$65	$40	$50
Ambulance Services	20%**	$200	$225	$225	$150	$240	$240	$270	$270 Ground/Air
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%	10%-20%	10%-20%	10%-20%	10%-20%	10%-20%	20%	20%
Prosthetic Devices	20%**	20%	20%	20%	20%	20%	20%	$0-20%	20%
X-Rays	20%**	$0	$35	$30	$25	$40	$50	$35	$50
Diagnostic Radiology	20%**	20%	$175	$125	$50	$200	$300	$0-$150	$225
Lab Services	$0	$0	$10 or 20%	$0 or 20%	$0 or 20%	$5 or 20%	$20-20%	$0	$0
Dialysis	20%**	20%	20%	20%	20%	20%	20%	20%	20%
Radiation Therapy	20%**	20%	20%	20%	20%	20%	20%	$60	20%
Chiropractic Care	Limited Coverage 20%**	$20	$20	$15	$10	$20	$20	$20	$20
Medically Necessary Foot Care	Limited Coverage 20%**	$25	$35	$30	$10	$40	$50	$35	$30
Routine Foot Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	$35	$30
P.T., O.T. and Speech Therapy	20%**	$25	$20	$15	$10	$40	$40	$35	$40

2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 716-635-4900					United Healthcare 1-866-969-5368	Aetna 1-833-859-6031
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	Encompass 65 Element	Encompass 65 Edge	AARP Medicare Complete	Medicare Value Plan
PREMIUMS	$170.10	$0	$65	$125	$0	$0	*$30 Credit*	$0	$0
		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Over the Counter $		OTC Card $37.50/qtr	$35/qtr; $140/yr	$50/qtr; $200/yr	$100/qtr; $400/yr	$25/qtr; $100/yr	n/a	$40/qtr; $160/yr	$60/qtr OTC
Deductible	$233	$0	$0	$0	$0	$0	$0	$0	$0
Inpatient Hospital	$1,556 deductible	$305/day for days 1-5; $0 for days 7-91+	$325/day for days 1-5, $0/day for days 6-90+ $1,950 Annual Max	$275/day for days 1-6, $0/day for days 7-90+ $1,925 Annual Max	$180/day for days 1-5, $0/day for days 6-90+ $1,080 Annual Max	$340/day for days 1-5, $0/day for days 6-90+ $2,040 Annual Max	$400/days for days 1-5, $0/day for days 6-90+, no Annual Max	$350/day for days 1-5; $0/day for days 6+	$325/day for days 1-5; $0/day for days 6-90+
Inpatient Mental Health	$1,556 deductible	$305/day for days 1-5; $0 for days 6-90	$395/day for days 1-4, $0/day for days 5-90+	$325/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+	$395/day for days 1-4, $0/day for days 5-30+	$350/day for days 1-5, $0 for days 6-90	$374/days for days 1-5; $0/day for days 6-90+
Skilled Nursing Facility	$0/day for days 1-20; $194.50/day for days 21-100	$0/day for days 1-20, $160/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100	$0/day for days 1-20, $188/day for days 21-57, $0/day for days 58-100	$0/day for days 1-20; $188/day for days 21-100
Home Health	$0	$0	$0	$0	$0	$0	$0	$0	$0
Mammograms	$0	$0	$0	$0	$0	$0	$0	$0	$0
Bone Mass Measurement	$0	$0	$0	$0	$0	$0	$0	$0	$0
Colorectal Screening Exams	$0	$0	$0	$0	$0	$0	$0	$0	$0
Flu, Pneumonia & Hepatitis B	$0	$0	$0	$0	$0	$0	$0	$0	$0
Cardiac Rehab/ Accupuncture	20%	$30	36 Sessions-$0	36 Sessions-$0	36 Sessions-$0	36 sessions-$0	37 sessions-$0	$0	30 $30 ea.for 12 visits

2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 716-635-4900					United Healthcare 1-866-969-5368	Aetna 1-833-859-6031
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	Encompass 65 Element	Encompass 65 Edge	AARP Medicare Complete	Medicare Value Plan
PREMIUMS	$170.10	$0	$65	$125	$0	$0	*$30 Credit*	$0	$0
		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	$233	$0	$0	$0	$0	$0	$0	$0	$0
									IN
Prescription Drugs	20% Part B covered only; No Part D	Copays $3/$15/$47/$100/25% , $395 deductible for tiers 3-5; Part B Drugs-20%	Copays $0/$15/$42/ 46%/31% $100 deductible for tiers 3-5; Part B Drugs-20%	Copays $0/$12/$42/ 43%/33% $0 deductible for Tiers 3-5, Part B Drugs-20%	No RX Benefit Part B Drugs-20%	Copays $0/$15/$47/41%/29 % $195 deductible for Tiers 3-5, Part B Drugs-20%	Copays $0/$15/$47/41%/29 % $195 deductible for Tiers 3-5, Part B Drugs-20%	Copays $0/$14/$47/$100/28%, $250 deductible for Tiers 3-5, Part B Drugs-20%; Insulin Drugs $35/$0	Copays $0/$0/$47/$100/28%; $250 deductible for Tiers 3-5; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses, frames, or contact lens after cataract surgery, 20%+ for retinopathy exam 1/year for diabetics	$$0-$30 Exam; $200/yr eyewear allowance	$0 Routine Eye Exam, $150 Routine Eyewear	$0 Routine Eye Exam, $200 Routine Eyewear	$0 Routine Eye Exam, $200 Routine Eyewear	$0 Routine Exam; $200/ 2 year max for routine eyewear	$0 Routine Eye Exam, $150 Routine Eyewear	$0 Routine Eye Exam; $150/yr eyewear allowance	$0 Routine Exam/yr: $200/yr eyewear allowance
Hearing Services	20%	$30 Exam, hearing aides not covered	$45 Exam, $499-$2,799 per ear for hearing aid from American Hearing Benefits	$45 Exam, $499-$2,799 per ear for hearing aid from American Hearing Benefits	$45 Exam, $499-$2,799 per ear for hearing aid from American Hearing Benefits	$45 Exam, $499-$2,799 per ear for hearing aid from American Hearing Benefits	$45 Exam, $499-$2,799 per ear for hearing aid from American Hearing Benefits	$0 Exam, $375-$1,425/yr for 2 hearing aids from United Healthcare Hearing.	$0 Routine Exam; max $1,250/yr per ear purchased from NationsHearing
Diabectic Training and Supplies	20%	$0	Training $0 Supplies $0 Monitors $0	Training $0 Supplies $0 Monitors $0	Training $0 Supplies $0 Monitors $0	Training $0 Supplies $0 Monitors $0	Training $0 Supplies $0 Monitors $0	$0 for Accu-chek and One Tounch diabetic supplies	0-20%
Dental Coverage	Limited Coverage	Up to $2000/yr for preventive and comprehensive	$0: 2 routine cleanings, exams & bitewing X-rays/yr.; 1 full mouth every 36 mos.	$20: 2 routine cleanings, exams & bitewing X-rays/yr.; 1 full mouth every 36 mos.	$0: 2 routine cleanings, exams & bitewing X-rays/yr.; 1 full mouth every 36 mos.	$30: 2 routine cleanings, exams & bitewing X-rays/yr.; 1 full mouth every 36 mos.	Preventive Dental not covered	$0 for exams, cleanings, x-rays, and flouride; optional $40/mo dental plan available	Up to $1,000/yr for preventive and comprehenive
Max out of Pocket		$7,550	$6,900	$6,900	$6,700	$6,900	$7,550	$7,550	$7,500
With Full LIS		$0	$22.70	$82.70	NO RX	$0	$0	$0	$0
With Full LIS and EPIC		$0	$0.00	$50.40	NO RX	$0	$0	$0	$0

2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		Humana 800-851-1629
Medical Service	**Original Medicare**	**Gold Plus**
PREMIUMS	$170.10	$0
		HMO
Deductible	$233	$0
		Transport up to 24 one-way trips
PCP Visits	20%**	$0
Annual Wellness Exam	$0	$0
Specialty Visits	20%**	$35
Outpatient Mental Health	20%	$35-$100
Outpatient Substance Abuse	20%**	$35
Outpatient Surgery	20%**	$275/$325
Emergency Care	20%**	$90
Urgent Care	20%**	$25
Ambulance Services	20%**	$270
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%
Prosthetic Devices	20%**	20%
X-Rays	20%**	$0-$91
Diagnostic Radiology	20%**	$0-$325
Lab Services	$0	$0-$35
Dialysis	20%**	20%
Radiation Therapy	20%**	20%
Chiropractic Care	Limited Coverage 20%**	$20
Medically Necessary Foot Care	Limited Coverage 20%**	$35
Routine Foot Care	Not Covered	$35-20%
P.T., O.T. and Speech Therapy	20%**	$35

2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		Humana 800-851-1629
Medical Service	**Original Medicare**	**Gold Plus**
PREMIUMS	$170.10	$0
Deductible	$233	$0
		Transport up to 24 one-way trips
Inpatient Hospital	$1,556 deductible	$325/day for days 1-5; $0/day for days 7-90
Inpatient Mental Health	$1,556 deductible	$311/day for days 1-6; $0/day for days 7-90
Skilled Nursing Facility	$0/day for day 1-20; $194.50/day for days 21-100	$0/day for days 1-20; $188/day for days 21-100
Home Health Care	$0	$0
Mammograms	$0	$0
Bone Mass Measurement	$0	$0
Colorectal Screening	$0	$0
Flu, Pneumonia & Hepatitis B	$0	$0
Cardiac Rehab	20%	$30

2022 Medicare Advantage HMO Plans in Erie County

Original Medicare		Humana 800-852-1629
Medical Service	**Original Medicare**	**Gold Plus**
PREMIUMS	$170.10	$0
		HMO
Deductible	$233	$0
Over the Counter Allowance		Transport up to 24 one-way trips
Prescription Drugs	20% Part B covered on NO PART D	Preferred Copays $2/$9/$47/$100/28%, $300 deductible for Tiers 4-5, Part B Drugs-20%
Vision Services	20% + for glasses, frames, or contact lens post cataract surgery; 20%+ for retinopathy exam 1/year for diabetics	$0-$35 Exam, $100 eyewear allowance
Hearing Services	20%	$0-$45 Exam, member pays $699-$999/yr per ear for TruHearing brand aid
Diabetic Training and Supplies	20%	$0-20%
Dental Coverage	Limited Coverage	$0-$35 preventive; Comp. coverage up to $2000/yr
Max out of Pocket		$7,200
With Full LIS		$0.00
With Full LIS & EPIC		$0.00