2023 Medicare Advantage PFFS in Erie County

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Wellcare Medicare 1-866-822-1339							
		Wellcare Advantage No Premium - PFFS		Wellcare Advantage Premium Enhanced - PFFS		Wellcare Premium Enhanced PFFS		WellCare Premium Ultra PFFS	
PREMIUMS	$164.90	$0		$60		$53		$155	
Deductible	$226	$0		$0		$0		$0 Deductible; **$50/yr OTC card**	
		In	Out	In	Out	In	Out	In	Out
PCP Visits	20%**	$5	$15	$0	$10	$10	$25	$0	$10
Wellness Exam	$0	$0	$0	$0	$0	$0	$0	$0	$0
Specialty Visits	20%**	$30	$50	$25	$35	$35	$60	$25	$35
Outpatient Mental Health	20%	$25	30%	$25	30%	$25	30%	$25	30%
Outpatient Substance Abuse	20%**	$25	30%	$25	30%	$25	30%	$25	30%
Outpatient Surgery	20% **	$200	30%	150/$250	30%	$250	30%	150/$200	30%
Emergency Care	20% **	$95; $95 World Wide Coverage		$95; $95 World Wide Coverage		$125; $125 World Wide Coverage		$125, $125 worldwide coverage	
Urgent Care	20% **	$35		$35		$35		$35	
Ambulance Services	20% **	$350		$300		$350		$350	
Durable Medical Equipment	20% ** (must use Medicare supplier)	20%	20%	20%	30%	20%	30%	20%	30%
Prosthetic Devices	20% **	20%	20%	20%	30%	20%	30%	20%	30%
X Rays	20% **	$0	30%	$0	30%	$0	30%	$0	30%
Lab Services	$0	$0	30%	$0	30%	$0	30%	$0	30%
Radiation Therapy	20%	20%	30%	20%	30%	20%	30%	20%	30%
Diagnostic Radiology	20%	$100/$250	30%	$100/$200	30%	$100-$300	30%	$100-$200	30%
Chiropractic Care	20% limited coverage	$20	30%	$20	30%	$20	30%	$20	30%
Medically Necessary Foot Care	20% limited coverage	$30 Certain conditions only	$50 Certain conditions only	$25 Certain conditions only	$35 Certain conditions only	$35 Certain conditions only	$60 Certain conditions only	$25 Certain conditions only	$35 Certain conditions only
Routine Foot Care	NOT COVERED	*Restrictions May Apply		*Restrictions May Apply		*Restrictions May Apply		*Restrictions May Apply	
P.T.,O.T. and Speech Therapy	20% **	$30	30%	$15	30%	$35	30%	$25	30%
Cardiac Rehab	20%	$35	30%	$15	30%	$40	30%	$15	30%
Dialysis	20%	20%	30%	20%	20%	20%	20%	20%	30%

Accurate as of 10/25/2022

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PREMIUMS	$164.90	$0		$60		$53		$155	
Deductible	$226	$0		$0		$0		0 Deductible; **$50/qtr OTC**	
		In	Out	In	Out	In	Out	In	Out
Inpatient Hospital	$1,600	$260/day days 1-6, $0/day days 7+	$300/day days 1-7, $0/day days 8-90	$650 per stay	$388/day days 1-7, $0/day days 8-90	$295/day days 1-5, $0/day days 6-90	$300/day days 1-7, $0/day days 8-150	$500 per stay	$300/day days 1-7, $0/day days 8-120
Inpatient Mental Health*	$1,600	$260/day days 1-6, $0/day days 7-90	$300/day days 1-7, $0/day days 8-90	$500 Per Stay	$300/day days 1-7, $0/day days 8-90	$295/day days 1-5, $0/day days 6-90	$300/day days 1-7, $0/day days 8-90	$500 Per Stay	$300/day days 1-7, $0/day days 8-90
Skilled Nursing Facility	$0 day days 1-20 $200/day for days 21-100	$0 day days 1-20; $175 day days 21-60; $0/day days 61-100	$0 day days 1-20; $250 day days 21-100	$0 day days 1-20; $170 day days 21-70; $0/day days 71-100	$0 day days 1-20; $200 day days 21-100	$0 day days 1-20; $175 day days 21-100$0/day days 41-100	$0 day days 1-20; $250 day days 21-100	$0 day days 1-20; $150 day days 21-50; $0/day days 51-100	$0 day days 1-20; $200 day days 21-100
Home Health Care	$0	$0	30%	$0	30%	$0	30%	$0	30%
Mammograms	$0	$0	0%	$0	0%	$0	0%	$0	30%
Bone Mass Measurement	$0	$0	0%	$0	0%	$0	0%	$0	30%
Colorectal Screening Exams	$0	$0	0%	$0	0%	$0	0%	$0	30%
Flu, Pneumonia & Hepatitis B	$0	$0	0%	$0	0%	$0	0%	$0	30%
Prescription Drugs	20% Part B covered only NO PART D	No RX; 20% Part B Only	No RX 30% Part B Only	No RX 20% Part B Only	No RX 30% Part B Only	(Preferred) Copays $0/$7/$37/48%/ 33%; No Deductible 20% Part B	(Standard) Copays $6/$12/$47/50%/33%; No Deductible; 30% Part B	Copays $0/$5/$35/48%/33% No Deductible 20% Part B	Copays $5/$10/$45/50%/33% No Deductible 30% Part B
Vision services	20% + 1 pair glasses/frames/contact after cateract surgery 20% + retinopathy exam 1/x yr for diabetics	$0 copay for Routine Eye exam only; 40% coinsurance OON for Routine Eye exam only							
Hearing Services	20%	$0 In Network: Exams & Screenings 40% Out of Network: Exams & Screenings (*Hearing Aids Not Covered*)							
Diabetic training and supplies	20%	$0-20% (specific brands)	20%	$0-20% (specific brands)	30%	$0-20%	30%	$0-20%	30%
Dental Coverage	limited coverage	$30 Medicare Covered Only	$50 Medicare Covered Only	$25 Medicare Covered Only	$35 Medicare Covered Only	$35 Medicare Covered Only	$60 Medicare Covered Only	$25 Medicare Covered Only	$35 Medicare Covered Only
Max out of Pocket		$6,700		$6,700		$3,400		$3,400	
Full LIS		No RX		No RX					
Full LIS & EPIC		No RX		No RX					

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