

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900				BlueCross/BlueShield 1-800-248-9296							
		Medicare Passport Advantage PPO		Medicare Passport Prime		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO		Freedom Valor PPO No RX	
PREMIUMS	\$164.90	\$99		\$225		\$142		\$201		\$22		\$0 Prem.; \$50 Pt B Reduction	
Deductible	\$226	0 Ded; \$25/qtr OTC		\$0 Ded; \$25/qtr OTC		0 Ded; \$35/qtr OTC		0 Ded; \$35/qtr OTC		0 Ded; \$25/qtr OTC		\$0 Ded; \$25/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	40%	\$0	\$45	\$10	35%	\$5	25%	\$0	50%	\$0	50%
Wellness Exam	\$0	\$0	40%	\$0	\$45	\$0	35%	\$0	25%	\$0	50%	\$0	50%
Specialty Visits	20%	\$35	40%	\$30	\$45	\$30	35%	\$25	25%	\$35	50%	\$35	50%
Outpatient Mental Health	20%	\$25	40%	\$20	40%	\$40	50%	\$40	50%	\$40	50%	\$40	50%
Outpatient Substance Abuse	20%	\$40	40%	\$40	40%	50%	50%	50%	50%	50%	50%	50%	50%
Outpatient Surgery	20%	\$300/\$350	40%	\$225/\$275	20%	\$250/\$350	35%	\$200/\$300	25%	\$275/\$375	50%	\$225/\$325	50%
Emergency Care	20%	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
Urgent Care	20%	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Ambulance Services	20%	\$250 ground/air	\$250 ground/air	\$250 ground/air	\$250 ground/air	\$250	\$250	\$225	\$225	\$300	\$300	\$200	\$200
Durable Medical Equipment	20% Medicare Approved	10%-20%	50%	10%-20%	50%	\$0/20%	50%	\$0/20%	50%	\$0/20%	50%	\$0/20%	50%
Prosthetic Devices	20%	20%	50%	20%	50%	\$20%	50%	20%	50%	20%	50%	20%	50%
Cardiac Rehab	20%	\$0	40%	\$0	40%	\$5	35%	\$15	25%	\$10	50%	\$15	50%
X-Rays	20%	\$40	40%	\$30	20%	\$45	35%	\$40	25%	\$50	50%	\$45	50%
Diagnostic Services	20%	\$150	40%	\$100	20%	\$45	35%	\$40	25%	\$50	50%	\$45	50%
Lab Services	\$0	\$0/20% Genetic	40%	\$5/20% Genetic	20%	\$5	35%	\$5	25%	\$5	50%	\$0	50%
Radiation Therapy	20%	20%	50%	20%	40%	20%	35%	20%	25%	20%	50%	20%	50%
Chiropractic Care	limited coverage 20%	\$20	40%	\$20	40%	\$20	35%	\$20	25%	\$20	50%	\$20	50%

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		Medicare Passport Advantage PPO		Medicare Passport Prime		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO		Freedom Valor PPO No RX	
Premiums	\$164.90	\$99		\$225		\$142		\$201		\$22		\$0 Prem. \$50 Part B Reduction	
Deductible/OTC	\$226	\$0 Ded; \$25/qtr OTC		\$0 Ded; \$25/qtr OTC		\$0 Ded; \$35/qtr OTC		\$0 Ded; \$35/qtr OTC		\$0 Ded; \$25/qtr OTC		\$0 Ded; \$25/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$35	40%	\$30	40%	\$30	35%	\$25	25%	\$35	50%	\$35	50%
Routine Foot Care	Not Covered	Limited	Limited	Limited	Limited	\$30	35%	\$25	25%	\$35	50%	\$35	50%
P.T., O.T. and Speech Therapy	20%	\$20	40%	\$10	20%	\$20	35%	\$20	25%	\$30	50%	\$15	50%
Inpatient Hospital	\$1,600 Deductible	\$250/day for days 1-6; \$0/day for days 7+; \$1,925/yr Max	40%	\$210/day for days 1-6; \$0/day for days 7+	30%	\$250/day for days 1-7; \$0/day for days 8-90; \$1,750/yr max OOP	35%	\$205/day for days 1-7; \$0/day for days 8-90; \$1,435/yr max OOP	30%	\$370/day for days 1-5; \$0/day for days 6-90; \$1,850/yr max OOP	50%	\$290/day for days 1-7; \$0/day for days 8-90; \$2,030/yr max OOP	50%
Inpatient Mental Health	\$1,600 Deductible	\$250/day for days 1-6; \$0/day for days 7+	50%	\$270/day for days 1-6; \$0/day for days 7-90	30%	\$270/day for days 1-6; \$0/day for days 7-90; \$1,620/yr max OOP	35%	\$270/day for days 1-6; \$0/day for days 7-90; \$1,620/yr max OOP	30%	\$370/day for days 1-6; \$0/day for days 7-90; \$1,850/yr max OOP	50%	\$260/day for days 1-6; \$0/day for days 7-90; \$1,560/yr max OOP	50%
Skilled Nursing Facility	\$0/day days 1-20; \$200/day days 21-100	\$0/day for days 1-20; \$196/day for days 21-100	40%	\$0/day for days 1-20; \$196/day for days 21-100	30%	\$0/day for days 1-20; \$196/day for days 21-100	35%	\$0/day for days 1-20; \$196/day for days 21-100	30%	\$0/day for days 1-20; \$196/day for days 21-100	50%	\$0/day for days 1-20; \$196/day for days 21-100	50%
Home Health Care	\$0	\$0	40%	\$0	40%	\$0	35%	\$0	25%	\$0	50%	\$0	50%
Preventive Tests, Screenings, Shots	\$0	\$0	40%	\$0	20%	\$0	35%	\$0	25%	\$0	50%	\$0	20%/50%
Dialysis	20%	20%	20%-40%	20%	20%	20%	35%/20%	20%	20%/50%	20%	20%/50%	20%	20%/50%

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900				BlueCross/BlueShield 1-800-248-9296							
		Medicare Passport Advantage PPO		Medicare Passport Prime		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO		Freedom Valor PPO NO RX	
Premiums	\$164.90	\$99		\$225		\$142		\$201		\$22		\$0 Prem. \$50 Part B Reduction	
Deductible	\$226	<i>0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>		<i>0 Ded; \$35/qtr OTC</i>		<i>0 Ded; \$35/qtr OTC</i>		<i>0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$15/\$47/40%, 30%, \$150 deductible for tiers 3-5; 20% Part B Drugs	Copays \$0/\$15/\$47/40%, 30%, \$150 deductible for tiers 3-5; 40% Part B Drugs OON	Copays \$0/\$10/\$45/40%, 33%; No deductible; 20% Part B Drugs	Copays \$0/\$10/\$45/40%, 33%; No deductible; 40% Part B Drugs	Copays \$4/\$10/\$42/\$94/33%, No deductible, 20% Part B Drugs	Copays \$4/\$10/\$42/\$94/33%, No deductible, 35% 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	Copays \$0/\$12/\$42/\$94/29%, \$250 deductible for Tiers 4-5, 20% Part B Drugs	Copays \$0/\$12/\$42/\$94/29%, \$250 deductible for Tiers 4-5, 20% Part B Drugs	NO RX Benefit; Part B Drugs-20%	NO RX Benefit; Part B Drugs-20%
	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + retinopathy exam/yr. for diabetics	\$0 Eye Exam; \$200/yr Eyewear Allowance; Combined IN & OON	\$65 Eye Exam; \$200/yr Eyewear Allowance; Combined IN & OON	\$0 Eye Exam; \$200/yr Eyewear Allowance; Combined IN & OON	\$65 Eye Exam; \$200/yr Eyewear Allowance; Combined IN & OON	\$25 Routine Eye Exam; \$35 Other Exam \$200/yr Eyewear Allowance	\$25 Routine Eye Exam; \$35 Other Exam \$200/yr Eyewear Allowance	\$25 Routine Eye Exam; \$25 Other Exam; \$200/yr Eyewear Allowance	\$25 Routine Eye Exam; \$25 Other Exam; \$200/yr Eyewear Allowance	\$25 Routine Eye Exam; \$35 Other Exam; \$100/yr Eyewear Allowance	20% Routine Eye Exam; 50% Other Exam; \$100/yr Eyewear Allowance	\$25 Routine Eye Exam; \$35 other exams; \$100/yr Eyewear Allowance	20% Routine Eye Exam; 50% other \$200/yr Eyewear Allowance
Hearing Services	20%	\$0-\$35 Exam; \$45 Aid Eval. Exam; \$499-\$2,199/aid for Start Hearing Network	40% Exam; Not Covered, must use for Start Hearing Network	\$0-\$30 Exam; \$45 Aid Eval. Exam; \$499-\$2,199/aid for Start Hearing Network	20%-\$45 Exam; Not Covered, must use for Start Hearing Network	\$45 Exam; \$30 Diagnose/Treatment; \$599-\$899/aid/yr	\$45 Exam; 35% Diagnose/Treatment; \$599-\$899/aid/yr	\$45 Exam; \$25 Diagnose/Treatment; \$599-\$899/aid/yr	\$45 Exam; 25% Diagnose/Treatment; \$599-\$899/aid/yr	\$45 Exam; \$35 Diagnose/Treatment; \$699-\$999/aid/yr	\$45 Exam; 50% Diagnose/Treatment; \$699-\$999/aid/yr	\$45 Exam; \$35 Diagnose/Treatment; \$699-\$999/aid/yr	\$45 Exam; 50% Diagnose/Treatment; \$699-\$999/aid/yr
Diabetic Training and Supplies	20%	\$0	40%	\$0	20%	\$0	35%-50%	\$0	25%-50%	\$0	50%	\$5	30%
Dental Coverage	Limited Coverage 20%	\$0 preventive; Comp. plans available for \$24/mo or \$40/mo	\$0 preventive; Comp. plans available for \$24/mo or \$40/mo	\$0 Copay for preventive; \$3,000/yr max for comp. at 50% coins.	\$0 preventive; Comp. not available	\$0/service for preventive; Comp. up to \$2,000/yr at 50% coins.	\$0/service for preventive; Comp. up to \$2,000/yr at 50% coins.	\$0/service for preventive; Comp. up to \$2,000/yr at 50% coins.	\$0/service for preventive; Comp. up to \$2,000/yr at 50% coins.	\$0/service for preventive; Comp. up to \$2,000/yr at 50% coins.	\$0/service for preventive; Comp. up to \$2,000/yr at 50% coins.	\$0/service for preventive; Comp. up to \$2,000/yr at 50% coins.	\$0/service for preventive; Comp. up to \$2,000/yr at 50% coins.
Max out of Pocket		\$6,900	\$11,300	\$6,900	\$11,300	\$6,700	\$10,000	\$6,700	\$10,000	\$7,550	\$11,300	\$6,700	\$10,000
Full LIS		\$60.10		\$186.10		\$11.70		\$176.10		\$0		\$0	
Full LIS & EPIC		\$21.20		\$147.20		\$0.00		\$137.20		\$0		\$0	

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	MVP Healthcare 1-800-665-7924				WELLCARE TODAY'S OPTIONS 1-866-249-8668							
		Patriot Plan PPO		Well Select with Part D PPO		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
PREMIUMS	\$164.90	\$45 Prem; w/Transportation		\$80		\$8.70 ; \$1,000 Flex Card		\$0 Premium; \$74 Part B Reimbursement		\$115		\$0 Prem.; w/Transportation	
Deductible	\$226	\$0 Ded; 24 one-way trips/yr; OTC Card \$25/qtr		\$0 Ded; OTC Card \$35/qtr		\$0 Ded; OTC Card \$150/qtr.		\$0 Ded; OTC Card \$30/qtr.		\$0 Ded; OTC Card \$160/qtr.		\$0 Ded; 12 one-way trips/yr OTC Card \$103/qtr.	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$5	\$0	\$60	\$0	\$0	\$0	\$25	\$0	\$10	\$0	\$25
Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%	\$40	\$50	\$45	\$60	\$35	\$35	\$50	40%	\$25	\$35	\$40	\$60
Outpatient Mental Health	20%	\$20	\$60	\$40	\$60	\$25	30%	\$25	\$50	\$25	30%	\$25	30%
Outpatient Substance Abuse	20%	\$20	\$60	\$45	\$60	\$25	30%	\$25	\$50	\$25	30%	\$25	30%
Outpatient Surgery	20%	\$200/\$350	40%	\$300/\$400	40%	\$250/\$300	30%	\$250/\$350	40%	\$150/\$200	30%	\$250/\$300	30%
Emergency Care	20%	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$125	\$125	\$125	\$125
Urgent Care	20%	\$40	\$40	\$60	\$60	\$35	\$95	\$40	\$95	\$35	\$35	\$35	\$35
Ambulance Services	20%	150/\$300	150/\$300	300/\$400	300/\$400	\$295	\$295	\$290	\$290	\$350	\$350	\$350	\$350
Durable Medical Equipment	20% Medicare Approved	20%	40%	20%	40%	20%	20%	20%	20%	20%	30%	20%	20%
Prosthetic Devices	20%	\$0-20%	40%	20%	40%	20%	20%	20%	20%	20%	30%	20%	20%
Cardiac Rehab	20%	\$0	\$60	\$0	\$60	\$40	30%	\$45	40%	\$15	30%	\$40	30%
X-Rays	20%	\$50	\$60	\$50	\$60	\$0	30%	\$0	40%	\$0	30%	\$0	30%
Diagnostic Services	20%	\$50-\$125	40%	\$50-\$150	40%	\$100/\$300	30%	\$0-350	40%	\$100/\$200	30%	\$100/\$300	30%
Lab Services	\$0	\$0	40%	\$0-10	40%	\$0	30%	\$0	40%	\$0	30%	\$0	30%
Radiation Therapy	20%	20%	40%	20%	40%	0-20%	30%	0-20%	40%	20%	30%	0-20%	30%
Chiropractic Care	limited coverage 20%	\$10	\$20	\$15	\$20	\$20	30%	\$20	40%	\$20	30%	\$20	30%

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	MVP Healthcare 1-800-665-7924				WELLCARE TODAYS OPTIONS 1-866-249-8668							
		Patriot Plan PPO		Well Select with Part D PPO		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
Premiums	\$164.90	\$45 Prem; w/Transportation		\$80		\$8.70		\$0 Premium; \$74 Part B Reimbursement		\$115		\$0 Prem.; w/Transportation	
Deductible	\$226	\$0 Ded.; 24 one-way trips/yr <i>OTC Card \$25/qtr</i>		\$0 Ded; <i>OTC Card \$35/qtr</i>		\$0 Ded. <i>OTC Card \$150/qtr.</i>		\$0 Ded. <i>OTC Card \$30/qtr.</i>		\$0 Ded. <i>OTC Card \$160/qtr.</i>		\$0 Ded. ; 12 one-way trips/yr <i>OTC Card \$103/qtr.</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$40	\$60	\$45	\$60	\$35	\$35	\$50	40%	\$25-limits	\$35-limits	\$40-limits	\$60-limits
Routine Foot Care	Not Covered	\$0	\$60	\$0	\$60	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
P.T., O.T. and Speech Therapy	20%	\$40	\$60	\$40	\$60	\$35	30%	\$40	\$50	\$25	30%	\$40	30%
Inpatient Hospital	\$1,600 Deductible	\$400/day for days 1-5, \$0/day for days 6+	40%	\$360/day for days 1-5; \$0/day for days 6+	40%	\$500/day for days 1-4; \$0/day for days 5-90	\$500/day for days 1-4; \$0/day for days 5-90	\$375/day for days 1-5; \$0/day for days 6-90	20%/admiss. for total cost days 1-90	\$600/ stay	20% /stay	\$325/day for days 1-6; \$0/day for days 7-90	\$600/day for days 1-12; \$0/day for days 13+ per admiss.
Inpatient Mental Health	\$1,600 Deductible	\$370/day for days 1-5, \$0/day for days 6+	40%	\$360/day for days 1-5; \$0/day for days 6+	40%	\$465/day for days 1-4; \$0/day for days 5-90	\$465/day for days 1-4; \$0/day for days 5-90	\$370/day for days 1-5; \$0/day for days 6-90	40%/admiss. for total cost days 1-90	\$500/ stay	20% of total cost for days 1-90	\$300/day for days 1-6; \$0/day for days 7-90	30% of total cost for days 1-90
Skilled Nursing Facility	\$0/day days 1-20; \$200/day days 21-100	\$0/day for days 1-20; \$188/day for days 21-100	40%	\$0/day for days 1-20; \$188/day for days 21-100	40%	\$0/day for days 1-20; \$196/day for days 21-60; \$0/day for days 61-100	\$0/day for days 1-20; \$196/day for days 21-100	\$0/day for days 1-20; \$196/day for days 21-100	20%/day for days 1-100	\$0/day for days 1-20; \$150/day for days 21-50; \$0/days for days 51-100	\$0/day for days 1-20; \$200/day for days 21-100	\$0/day for days 1-20; \$175/day for days 21-100	\$0/day for days 1-20; \$250/day for days 21-100
Home Health Care	\$0	\$0	40%	\$0	40%	\$0	30%	\$0	40%	\$0	30%	\$0	30%
Preventive Tests, Screenings, Shots	\$0	\$0	\$0	\$0	40%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dialysis	20%	20%	20%	20%	20%	20%	30%	20%	40%	20%	30%	20%	30%

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	MVP Healthcare 1-800-665-7924				WELLCARE TODAYS OPTIONS 1-866-249-8668							
		Patriot Plan PPO		Well Select with RX PPO		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
Premiums	\$164.90	45 Prem.; w/Transportation		\$80		\$8.70 Prem.; \$1,000 Flex Card		\$0 Premium; \$74 Part B Reimbursement		\$115		\$0; with Transportation	
Deductible	\$226	\$0 Ded; 24 one-way trips/yr; OTC Card \$25/qtr		\$0 Ded; OTC Card \$35/qtr		\$0 Ded. OTC Card \$150/qtr.		\$0 Ded. OTC Card \$30/qtr.		\$0 Ded. OTC Card \$160/qtr.		\$0 Ded.; 12 one-way trips/yr; OTC Card \$103/qtr.	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$15/\$45/25%/27%; \$250 deductible for Tiers 3-5; Part B Drugs-20%	Copays \$0/\$15/\$45/25%/27%; \$250 Ded. For Tiers 3-5 Part B Drugs-40%	Copays \$0/\$10/\$47/25%/25%; \$250 deductible for Tiers 3-5; Part B Drugs-20%	Copays \$0/\$10/\$47/25%/25%; \$250 deductible for Tiers 3-5; Part B Drugs-40%	Copays \$0/\$20/\$47/46%/25%; \$505 deductible for Tiers 2-5; Part B Drugs-20%	Copays \$0/\$20/\$47/46%/25%; \$505 deductible for Tiers 2-5; Part B Drugs-30%	Copays \$0/\$7/\$37/48%/27%; \$325 deductible for Tiers 3-5; Part B Drugs-20%	Copays \$0/\$7/\$37/48%/27%; \$325 deductible for Tiers 3-5; Part B Drugs-40%	Copays \$0/\$5/\$35/43%/33%; No deductible; Part B Drugs-20%	Copays \$0/\$5/\$35/45%/33%; No deductible; Part B Drugs-30%	Copays \$0/\$7/\$37/48%/33%; No deductible; Part B Drugs-20%	Copays \$0/\$7/\$37/48%/33%; No deductible; Part B Drugs-30%
Vision Services	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics	\$0 Routine Eye Exams; \$20 Diaganostic exam; \$175/yr eyewear allowance	\$0 routine; \$60 diagnostic exam; 40%/\$175 max eyewear allowance	\$0 Routine Eye Exam; \$45 Diagnostic Exam; 20%/ \$175/yr eyewear allowance	\$0 Routine; \$60 Diagnostic Exam; 40%/\$175/yr eyewear allowance	\$0-\$35 copay for exam; \$100/yr eyewear coverage	40% copay for services and eyewear up to \$100/yr	\$0-\$50 copay for exam; \$100/yr eyewear coverage	40% copay for services and eyewear up to \$100/yr	\$0 Eye Exam; \$200/yr Eyewear Allowance	40% copay for services and eyewear up to \$200/yr	\$0-\$40 Eye Exam; \$200/yr Eyewear Allowance	40% copay for services and eyewear up to \$200/yr
Hearing Services	20%	\$0 Exam; \$699-\$999/yr per aid Tru Hearing	\$60 exam; aid Not Covered	\$0-\$45 Exam; \$699-\$999/yr per aid Tru Hearing	\$60 exxam; aid Not Covered	\$0-\$35 exam; \$0 copay for \$1,500/yr max for 2 aids	\$0-\$40% exam; 40% copay for \$1,500/yr max for 2 aids	\$0-50\$50 exam; \$0 copay for \$700/yr max for 2 aids	\$0-40% exam; 40% copay for \$700/yr max for 2 aids	\$0 exam; \$1,500/yr max for 2 aids	40% for services; \$1,500/yr max for 2 aids	\$0-\$40 exam; \$1,500/yr max for 2 aids	\$0-40% exam; \$1,500/yr max for 2 aids
Diabetic Training/Supplies	20%	\$0 copay for One Touch Brand	40%	\$0 copay for One Touch Brand	40%	\$0-20%	20%	\$0-20%	20%	\$0-20%	30%	\$0-20%	20%
Dental Coverage	Limited Coverage 20%	2/yr (exam, cleaning, x-rays); optional coverage \$25/mo	2/yr (exam, cleaning, x-rays); optional coverage \$25/mo	2/yr (exam, cleaning, x-rays); Optional coverage \$25/mo	2/yr (exam, cleaning, x-rays); Optional coverage \$25/mo	\$0-\$35 copay for preventive and comp. up to \$3,000/yr max	50% copay for preventive and comp. up to \$3,000/yr max	\$0-\$50 copay for preventive and comp. up to \$500/yr	50% copay for preventive and comp. up to \$500/yr	\$0 copay for preventive and comp. up to \$1,000/yr	50% copay for preventive and comp. up to \$1,000/yr	\$0-\$40 copay for preventive and comp. up to \$1,000/yr	50% copay for preventive and comp. up to \$1,000/yr
Max out of Pocket		\$7,550	\$11,300	\$7,550	\$11,300	\$6,700	\$10,000	\$7,550	\$11,300	\$3,400	\$3,400	\$6,700	\$10,000
Full LIS		\$2.60		\$37.60		\$0.00		\$0.00		\$70.10		\$0.00	
Full LIS & EPIC		\$0.00		\$27.90		\$0.00		\$0.00		\$70.10		\$0.00	

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079									
		Plan 1		Plan 3		Plan 4		Patriot Plan No RX		Medicare Advantage Choice	
PREMIUMS	\$164.90	\$16		\$44		\$82		\$0		\$0	
Deductible	\$226	\$0		\$0		\$0		0 Ded; \$65/mo Reduction \$100/qtr OTC		\$0 Ded; \$60/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$50	\$0	\$50	\$0	\$50	\$0	\$50	\$0	\$50
Wellness Exam	\$0	\$0	0-40%	\$0	0-40%	\$0	\$0-40%	\$0	40%	\$0	40%
Specialty Visits	20%	\$35	\$75	\$35	\$75	\$25	\$75	\$25	\$75	\$40	\$60
Outpatient Mental Health	20%	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40
Outpatient Substance Abuse	20%	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$26	\$30-\$41
Outpatient Surgery	20%	\$0-\$375	40%	\$0-\$340	40%	\$0-\$325	40%	\$0-\$250	40%	\$0-\$350	40%
Emergency Care	20%	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$0-\$90
Urgent Care	20%	\$40	\$40	\$40	40%	\$40	\$40	\$40	\$40	\$40	\$40
Ambulance Services	20%	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
Durable Medical Equipment	20% Medicare Approved	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Prosthetic Devices	20%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Cardiac Rehab	20%	\$20	40%	\$0	40%	\$0	40%	\$0	40%	\$0-\$20	40%-50%
X-Rays	20%	\$35	\$35	\$40	\$40	\$30	\$30	\$35	\$35	\$35	\$35
Diagnostic Services	20%	\$0-\$175	40%	\$0-\$160	40%	\$0-\$175	40%	\$0-\$150	40%	\$0-\$175	40%
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	\$60	40%	\$50	40%	\$40	40%	\$60	40%	\$60	\$40%
Chiropractic Care	limited coverage 20%	\$20	\$75	\$20	\$75	\$20	\$75	\$20	\$75	\$20	\$60

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079									
		Plan 1		Plan 3		Plan 4		Patriot Plan No RX		Medicare Advantage Choice	
Premiums	\$164.90	\$16		\$44		\$82		\$0		\$0	
Deductible	\$226	\$0		\$0		\$0		0 Ded; \$65 Reduction <i>\$100/qtr OTC</i>		\$0 Ded; <i>\$60/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$35	\$75	\$35	\$75	\$25	\$75	\$25	\$75	\$40	\$60
Routine Foot Care	Not Covered	6 visits/yr=\$35 ea	6 visits/yr=\$75 ea	6 visits/yr=\$35 ea	6 visits/yr=\$75 ea	6 visits/yr=\$25 ea	6 visits/yr=\$75 ea	6 visits/yr=\$25 ea	6 visits/yr=\$75 ea	6 visits/yr=\$40	6 visits/yr=\$60
P.T., O.T. and Speech Therapy	20%	\$20	\$75	\$35	\$75	\$25	\$75	\$25	\$75	\$25	\$60
Inpatient Hospital	\$1,600 Deductible	\$375/day for days 1-5; \$0/day for unlimited days after that	\$500/day for days 1-20; \$0/day for unlimited days after that	\$360/day for days 1-5; \$0/day for days 6+ unlimited/day after	\$500/day for days 1-20; \$0/day for days 21+ unlimited/day after	\$315/day for days 1-5; \$0/day for days 6+ unlimited/day after	\$500/day for days 1-20; \$0/day for days 21+ unlimited/day after	\$345/day for days 1-4; \$0/day for days 5+ unlimite/day after	\$500/day for days 1-20; \$0/day for days 21+ unlimited/day after	\$375/day for days 1-5; \$0/day for days 6+	\$500/day for days 1-20; \$0/day for days 21+
Inpatient Mental Health	\$1,600 Deductible	\$375/day for days 1-4; \$0/day for days 5-90	\$500/day for days 1-20; \$0/day for days 21-90	\$360/day for days 1-5; \$0/day for days 6-90	\$500/day for days 1-20; \$0/day for days 21-90	\$315/day for days 1-5; \$0/day for days 6-90	\$500/day for days 1-20; \$0/day for days 21-90	\$345/day for days 1-4; \$0/day for days 5-90	\$500/day for days 1-20; \$0/day for days 21-90	\$375/day for days 1-4; \$0/day for days 5-90	\$500/day for days 1-20; \$0/day for days 21-90
Skilled Nursing Facility	\$0/day days 1-20; \$200/day days 21-100	\$0/day for days 1-20; \$196/day for days 21-57; \$0/day for days 58-100	\$225/day for days 1-45; \$0/day for days 46-100	\$0/day for days 1-20; \$196/day for days 21-56; \$0/day for days 57-100	\$225/day for days 1-45; \$0/day for days 46-100	\$0/day for days 1-20; \$196/day for days 21-55; \$0/day for days 56-100	\$225/day for days 1-45; \$0/day for days 46-100	\$0/day for days 1-20; \$196/day for days 21-55; \$0/day for days 56-100	\$225/day for days 1-45; \$0/day for days 46-100	\$0/day for days 1-20; \$196/day for days 21-57; \$0/day for days 58-100	\$225/day for day 1-45; \$0/day for days 46-100
Home Health Care	\$0	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%
Preventive Tests, Screenings, Shots	\$0	\$0	0-40%	\$0	0-40%	\$0	0-40%	\$0	0-40%	\$0-40%	\$0-40%
Dialysis	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079									
		Plan 1		Plan 3		Plan 4		Patriot Plan No RX		Medicare Advntage Choice	
Premiums	\$164.60	\$16		\$44		\$82		\$0		\$0	
Deductible	\$226	\$0		\$0		\$0		0 Ded; \$65 Reduction <i>\$100/qtr OTC</i>		\$0 Ded; <i>\$60/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$12/\$47/\$100/29%; \$200 Deductible, Tiers 3-5; Part B Drugs-20%; Select Insulin \$35; \$0/Mail Order Tiers 1-2	Copays \$0/\$12/\$47/\$100/29%; \$200 Deductible, Tiers 3-5; Part B Drugs-40%; Select Insulin \$35; \$0/Mail Order Tiers 1-2	Copays \$0/\$14/\$47/\$100/31%; \$100 Deductible, Tiers 3-5; Part B-20%; Select Insulin \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$14/\$47/\$100/29%; \$100 Deductible, Tiers 3-5; Part B-40%; Select Insulin \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$12/\$47/\$100/33%; \$0 Deductible; Part B Drugs-20%; Select Insulins \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$12/\$47/\$100/33%; \$0 Deductible; Part B Drugs-40%; Select Insulins \$35; \$0/Mail Order, Tiers 1-2	Part D-not covered; Part B Drugs-20%	Part D-not covered; Part B Drugs-25%	Copays \$0/\$12/\$47/\$100/33%; \$0 Deductible; Part B Drugs-20%; Select Insulins \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$12/\$47/\$100/33%; \$0 Deductible; Part B Drugs-40%; Select Insulins \$35; \$0/Mail Order, Tiers 1-2
Vision Services	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$100yr eyewear allowance UHC Vision	\$75 Eye Exam; 40% Post-cataract Surgery Eyewear; \$0 copay \$100yr eyewear allowance from UHC Vision	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$200/yr eyewear allowance from UHC Vision	\$75 Eye Exam; 40% Post-cataract Surgery Eyewear; \$0 copay \$200yr eyewear allowance from UHC Vision	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$300yr eyewear allowance from UHC Vision	\$75 Eye Exam; 40% Post-cataract Surgery Eyewear; \$0 copay \$300/yr eyewear allowance from UHC Vision	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$100/yr eyewear allowance from UHC Vision	\$75 Eye Exam; 40% Post-cataract Surgery Eyewear; \$0 copay \$100yr eyewear allowance from UHC Vision	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$100/yr eyewear allowance from UHC Vision	\$60 Eye Exam; 40% Post-cataract Surgery Eyewear; \$0 copay \$100/yr eyewear allowance from UHC Vision
Hearing Services	20%	Exam-\$0/yr; \$175-\$1,225/aid per yr from UHC Hearing	Exam-\$75/yr; \$175-\$1,225/aid per yr from UHC Hearing	Exam-\$0/yr; \$175-\$1,225/aid per yr from UHC Hearing	Exam-\$75/yr; \$175-\$1,225/aid per yr from UHC Hearing	Exam-\$0/yr; \$175-\$1,225/aid per yr from UHC Hearing	Exam-\$75/yr; \$175-\$1,225/aid per yr from UHC Hearing	Exam-\$0/yr; \$175-\$1,225/aid per yr from UHC Hearing	Exam-\$75/yr; \$175-\$1,225/aid per yr from UHC Hearing	Exam-\$0/yr; \$175-\$1,225/aid per year from UHC Vision	Exam-\$75/yr; \$375-\$1,425/aid per yr from UHC Vision
Diabetic Training/Supplies	20%	\$0 for covered brands	50%	\$0 for covered brands	50%	\$0 for covered brands	50%	\$0 for covered brands	50%	\$0 for covered brands	40%
Dental Coverage	Limited Coverage 20%	\$0 preventive; \$52/mo. for optional dental coverage	\$0 preventive; \$52/mo. for optional dental coverage	\$0 preventive; \$52/mo. for optional dental coverage	\$0 preventive; \$52/mo. for optional dental coverage	\$0 preventive; \$52/mo. for optional dental coverage	\$0 preventive; \$52/mo. for optional dental coverage	\$0 preventive; \$52/mo. for optional dental coverage	\$0 preventive; \$52/mo. for optional dental coverage	\$0 preventive ; \$1,000/yr max for all covered services	\$0 preventive ; \$1,000/yr max for all covered services
Max out of Pocket		\$7,200	\$10,000	\$6,900	\$10,000	\$6,700	\$10,000	\$6,700	\$10,000	\$7,200	\$10,000
Full LIS		\$0		\$5.10		\$43.10		\$0		\$0	
Full LIS & EPIC		\$0		\$5.10		\$43.10		No RX		\$0	

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-520-3857							
		Medicare Credit PPO		Medicare Premier PPO		Medicare Eagle PPO (NO RX)		Medicare Discover Value Plan PPO	
PREMIUMS	\$164.90	\$0		\$0		\$0		\$23	
Deductible	\$226	\$0 Deductible \$45 Part B Reimbursement		\$0 Deductible; \$75/qtr OTC		\$0 Deductible; \$45/qtr OTC \$55 Part B Reimbursement		\$0 Deductible; \$75/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$10	\$45	\$0	\$40	\$0	\$35	\$0	\$45
Wellness Exam	\$0	\$0	0-30%	\$0	0-20%	\$0	0-50%	\$0	\$0-40%
Specialty Visits	20%	\$40	\$50	\$35	\$50	\$25	\$55	\$25	\$50
Outpatient Mental Health	20%	\$40	30%	\$40	20%	\$40	50%	\$40	40%
Outpatient Substance Abuse	20%	\$40	30%	\$40	20%	\$40	50%	\$40	40%
Outpatient Surgery	20%	\$250/\$395	30%	\$175/\$275	20%	\$35-\$350	50%	\$175-\$300	40%
Emergency Care	20%	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
Urgent Care	20%	\$50	\$50	\$40	\$50	\$50	\$50	\$50	\$50-\$95
Ambulance Services	20%	\$290	\$290	\$300	\$270	\$300	\$300	\$300	\$300
Durable Medical Equipment	20% Medicare Approved	20%	30%	20%	20%	20%	50%	20%	40%
Prosthetic Devices	20%	20%	30%	20%	20%	20%	50%	20%	40%
Cardiac Rehab	20%	\$40	30%	\$40	20%	\$40	\$40	\$40	\$40
X-Rays	20%	\$35	30%	\$45	20%	20%	50%	\$25	40%
Diagnostic Services	20%	\$300-\$350	30%	\$175/\$200	20%	\$200-\$300	50%	\$150-\$200	40%
Lab Services	\$0	\$0-\$35	30%	\$0	20%	0-20%	\$30	\$035-\$0	40%
Radiation Therapy	20%	20%	30%	20%	20%	20%	50%	\$25-20%	40%
Chiropractic Care/ Accupuncture	limited coverage 20%	20%	30%	20%	20%	20%	50%	\$20 (12 visits/yr)	40%

2023 Medicare PPO Plans for Erie County

12/8/2022

	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-520-3857							
		Medicare Credit PPO		Medicare Premier PPO		Medicare Eagle PPO (NO RX)		Medicare Discover Value Plan PPO	
Premiums	\$164.90	\$0		\$0		\$0		\$23	
Deductible	\$226	\$0 Deductible \$45 Part B Reimbursement		\$0 Deductible; \$75/qtr OTC		0 Deductible; \$45/qtr OTC \$55 Part B Reimbursement		\$0 Deductible; \$75/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$45	\$60	\$35	\$50	\$40	\$55	\$40	50%
Routine Foot Care	Not Covered	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions
P.T., O.T. and Speech Therapy	20%	\$50	30%	\$40	30%	\$40	50%	\$40	40%
Inpatient Hospital	\$1,600 Deductible	\$395/day for days 1-5; \$0/day for days 6+	\$500/day for days 1-20; \$0/day for days 21+	\$300/day for days 1-6; \$0/day for days 7+	\$500/day for days 1-7; \$0/day for days 8+	\$350/day for days 1-5; \$0/day for days 6-90	50%	\$300/day for days 1-5; \$0/day for days 6+	\$500/day for days 1-20; \$0/day for days 6+
Inpatient Mental Health	\$1,600 Deductible	\$374/day for days 1-20; \$0/day for days 6+	30%/stay	\$374/day for days 1-5; \$0/day for days 6+	20%/stay	\$374/day for days 1-5; \$0/day for day 6-91	50%/stay	\$374/day for days 1-5; \$0/day for days 6+	40%/stay
Skilled Nursing Facility	\$0/day days 1-20; \$200/day days 21-100	\$0/day for days 1-20; \$196/day for days 21-100	30%/stay	\$0/day for days 1-20; \$196/day for days 21-100	20%/stay	\$0/day for days 1-20; \$196/day for days 21-100	50%/stay	\$0/day for days 1-20; \$196/day for days 21-100	40%/stay
Home Health Care	\$0	\$0	0%/30%	\$0	\$0-20%	\$0	\$0-50%	\$0	\$0-40%
Preventive Tests, Screenings, Shots	\$0	\$0	0%/30%	\$0	\$0-20%	\$0	\$0-50%	\$0	\$0-40%
Dialysis	20%	20%	30%	20%	50%	20%	50%	20%	40%-50%

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-520-3857							
		Medicare Credit PPO		Medicare Premier PPO		Medicare Eagle PPO		Medicare Discover Value Plan PPO	
Premiums	\$164.90	\$0		\$0		\$0		\$23	
Deductible	\$226	\$0 Ded.; \$45 Part B Reimbursement		\$0 Deductible; <i>\$75/qtr. OTC</i>		\$0 Deductible; <i>\$45/qtr OTC</i> \$55 Part B Reimbursement		\$0 Deductible; <i>\$75/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$10/\$47/\$100/27%; \$250 deductible, Tiers 3-5; Part B Drugs-20%	Copays \$0/\$10/\$47/\$350/27%; \$250 deductible, Tiers 3-5; Part B Drugs-30%	Copays \$0/\$0/\$47/\$100/30%; \$195 deductible, Tiers 3-5; Part B Drugs-20%	Copays \$0/\$0/\$47/\$100/30%; \$250 deductible, Tiers 3-5; Part B Drugs-20%	Part B Covered Drugs-20%; No Part D	Part B Covered Drugs-50%; No Part D	Copays \$0/\$5/\$47/\$100/29%; \$250 deductible for Tiers 3-5; Part B drugs-20%	Copays \$0/\$5/\$47/\$100/29%; \$250 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-\$45 exam; \$150/yr. Eyewear Allowance	\$60 exam; \$150/yr. Eyewear Allowance	\$0-\$35 exam; \$325/yr. Eyewear Allowance	\$50 exam; \$325/yr. Eyewear Allowance	\$0-\$40 exam; \$250/yr. Eyewear Allowance	\$0-\$55 exam; \$250/yr. Eyewear Allowance	\$0-\$40/exam; \$250/yr Eyewear Allowance	\$0-40%/exam; \$250/yr Eyewear Allowance
Hearing Services	20%	\$0-\$50 exam; \$750/yr. per aid from NationsHearing	\$60 exam; \$750/yr. per aid from NationsHearing	\$0-\$45 exam; \$1,250/yr. for 2 aids from NationsHearing	\$50 exam; \$1,250/yr. for 2 aids from NationsHearing	\$0-\$40 exam; \$1,250/yr. per aid from NationsHearing	\$55 exam; \$1,250/yr. per aid from NationsHearing	\$0-\$25 exam; \$1,250/yr. per aid from NationsHearing	\$0-\$50 exam; \$1,250/yr. per aid from NationsHearing
Diabetic Training/Supplies	20%	0%-20% (specific brands covered)	0%-20% (specific brands covered)	0%-20% (specific brands covered)	0%-20% (specific brands covered)	0%-20% (specific brands covered)	50%	0%-20% (specific brands covered)	\$0-20%
Dental Coverage	Limited Coverage 20%	\$1,000/yr max for preventive and comprehensive	\$1,000/yr max for preventive and comprehensive	\$2,000/yr. max for preventive and comprehensive	\$2,000/yr. max for preventive and comprehensive	\$2,000/yr. max for preventive and comprehensive	\$2,000/yr. max for preventive and comprehensive	\$2,000/yr. max for preventive and comprehensive	\$2,000/yr. max for preventive and comprehensive
Max out of Pocket		\$7,550	\$11,300	\$6,500	\$8,000	\$7,000	\$9,500	\$6,550	\$9,500
Full LIS		\$0.00		\$0.00		\$0.00		\$0.00	
Full LIS & EPIC		\$0.00		\$0.00		\$0.00		\$0.00	

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-800 851-1629								Excellus - Univera 1-800-659-1986	
		Humana Choice 001		Humana Choice 015		Humana Choice 018		Humana Honor		Senior Choice Access PPO	
PREMIUMS	\$164.90	\$15		\$0		\$0		\$0		\$19	
Deductible	\$226	0 Ded; \$50/qtr OTC		0 Ded; \$100/qtr OTC		\$230 Ded; \$100/mo Reduction		\$0 Ded; \$75/mo Reduction \$50/qtr OTC		\$0 Ded; \$30/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$10	\$0	\$10	\$0	\$10	\$0	30%	\$5	\$20
Wellness Exam	\$0	\$0	\$0-30%	\$0	\$0-30%	\$0	\$0-30%	\$0	30%	\$0	30%
Specialty Visits	20%	\$35	30%	\$35	\$45	\$40	\$50-30%	\$40	30%	\$35	\$50
Outpatient Mental Health	20%	35-\$85	30%	\$35-\$100	30%	\$40-\$75	30%	\$40-\$100	30%	20%	30%
Outpatient Substance Abuse	20%									20%	30%
		\$0-35	30%	\$0-35	30%	\$0-\$40	30%	\$0-\$40	30%		
Outpatient Surgery	20%	\$200/\$250	30%	\$275/\$325	30%	\$400/\$450	30%	\$300/\$350	30%	\$300	30%
Emergency Care	20%	\$95	\$95	\$95	\$95	\$95	\$95	\$90	\$90	\$95	\$95
Urgent Care	20%	\$25	\$25	\$25	\$25	\$25	\$25	\$20	20%	\$60	\$60
Ambulance Services	20%	\$270	\$270	\$290	\$290	\$290	\$290	\$270	\$270	\$325	\$325
Durable Medical Equipment	20% Medicare Approved									20%	30%
		20%	20%	20%	30%	14%	20%	19%	19%		
Prosthetic Devices	20%	20%	20%	20%	30%	14%	20%	19%	30%	20%	30%
Cardiac Rehab	20%	\$30	\$45-30%	\$30	\$45/30%	\$30	\$50-30%	\$30	30%	\$0	\$50
X-Rays	20%	\$0-\$85	\$10-30%	\$0-\$85	\$10-\$45/30%	\$0-\$95	\$10-30%	\$0-\$90	20%-30%	\$60	\$70
Diagnostic Services	20%	\$0-\$250	\$30-30%	\$0-\$325	\$10-30%	\$0-\$400	\$10-30%	\$0-\$350	30%	\$300	30%
Lab Services	\$0	\$0	\$10-30%	\$0-\$35	\$10-\$45/30%	\$0-\$40	\$10-30%	\$0-\$40	20%-30%	\$4	30%
Radiation Therapy	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	30%
Chiropractic Care/ Accupuncture	limited coverage 20%	\$5 \$35	30% 30%	\$10 \$35	30% 30%	\$0-\$15	\$0-30%	\$0	30%	\$5	\$20

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-800-851-1629								Excellus - Univera 1-800-659-1986	
		Humana Choice 001		Humana Choice 015		Humana Choice 018		Humana Honor		SeniorChoice Access	
Premiums	\$164.90	\$15		\$0		\$0		\$0		\$19	
Deductible	\$226	\$0 Ded; \$50/qtr OTC		0 Ded; \$100/qtr OTC		\$230 Ded; \$100/mo Reduction \$25/qtr OTC		\$0 Ded; \$75/mo Reduction \$50/qtr OTC		\$0 Ded; \$30/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$35	\$45	\$35	\$45	\$40	\$50	\$40	\$50	\$35	\$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	\$0 for 12 visits/yr	\$0 for 12 visits/yr	\$0 for 12 visits/yr	\$0 for 12 visits/yr	\$35	\$50
P.T., O.T. and Speech Therapy	20%	\$35	30%	\$35	30%	\$40	30%	\$40	30%	\$35	\$50
Inpatient Hospital	\$1,600 Deductible	\$250/day for days 1-5; \$0/day for days 6-90	\$395/day for days 1-7; \$0/day for days 8-90	\$325/day for days 1-5; \$0/day for days 6-90	\$500/day for days 1-14; \$0/day for days 15-90	\$650 per stay	30%	\$350/day for days 1-5; \$0/day for days 6-90	30%	\$375/day for days 1-5; \$0/day for days 6+	\$435/day for days 1-28; \$0/day for days 29+
Inpatient Mental Health	\$1,600 Deductible	\$250/day for days 1-5; \$0/day for days 6-90	\$395/day for days 1-7; \$0/day for days 8-90	\$325/day for days 1-5; \$0/day for days 6-90	\$500/day for days 1-14; \$0/day for days 15-90	\$650 per stay	30%	\$350/day for days 1-5; \$0/day for days 6-90	30%	\$315/day for days 1-5; \$0/day for days 6+	\$410/day for days 1-28; \$0/day for days 29+
Skilled Nursing Facility	\$0/day days 1-20; \$200/day days 21-100	\$0/day for days 1-20; \$188/day for days 21-100	30% of cost for days 1-100	\$0/day for days 1-20; \$196/day for days 21-100	30% for cost of days 1-100	\$0/day for days 1-20; \$196/day for days 21-100	30% for cost of days 1-100	\$0/day for days 1-20; \$196/day for days 21-100	30% for cost of days 1-100	\$0/day for days 1-20; \$196/day for days 21-100	\$0/day for days 1-20; 30%
Home Health Care	\$0	\$0-20%	\$0-30%	\$0-20%	\$0-30%	\$0-20%	\$0-30%	\$0-20%	\$0-30%	\$0	30%
Preventive Tests, Screenings, Shots	\$0	\$0	0-30%	\$0	0-30%	\$0	0-30%	\$0	0-\$50/30%	\$0	30%
Dialysis	20%	20%	30%	20%	30%	20%	30%	20%	30%	20%	20%

2023 Medicare PPO Plans for Erie County

12/8/2022

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-800-851-1629								Excellus - Univera 1-800-659-1986	
		Humana Choice 001		Humana Choice 015		Humana Choice 018		Humana Honor 016		SeniorChoice Access PPO	
Premiums	\$164.90	\$15		\$0		\$0		\$0		\$19	
Deductible	\$226	0 Ded; \$50/qtr OTC		0 Ded; \$100/qtr OTC		\$230 Ded; \$100 Reduction \$25/qtr OTC		\$0 Ded; \$75 reduction \$50/qtr OTC		\$0 Ded; \$30/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	\$0/\$0/\$47/\$99/33%; No Deductible; Part B Drugs-20%	10/\$20/\$47/\$100/33%; No Deductible; Part B Drugs-30%	\$0/\$0/\$47/\$100/29%; \$250 Deductible Tiers 4-5; 20% Part B Drugs	\$10/\$20/\$47/\$100/29%; \$250 Deductible Tiers 4-5; 30% Part B Drugs	\$0/\$5/\$47/\$100/28%; \$310 Deductible Tiers 4-5; Part B Drugs-20%	\$10/\$20/\$47/\$100/28%; \$310 Deductible Tiers 4-5; Part B Drugs-30%	Part D Not Covered; 20% Part D Drugs	Part D Not Covered; 30% Part D Drugs	Copays \$0/\$12/\$42/\$95/27%; \$350 Ded; Part B Drugs 20%	Copays \$0/\$12/\$42/\$95/27%; \$350 Ded; Part B Drugs 30%
Vision Services	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics	\$0-\$35 Eye Exam; \$200/yr Eyewear Allowance	\$0-\$60 Eye Exam; \$200/yr Eyewear Allowance	\$0-\$35 Eye Exam; \$200/yr Eyewear Allowance	\$0-\$45/30% Eye Exam; \$200/yr Eyewear Allowance	\$0-\$40 Eye Exam; \$200/yr Eyewear Allowance	\$0-\$50/30% Eye Exam; \$200/yr Eyewear Allowance	\$0-\$40 Eye Exam; \$200/yr Eyewear Allowance	\$0-\$50/30% Eye Exam; \$200/yr Eyewear Allowance	\$0 Routine Eye Exam INN; \$200/yr Eyewear Allowance	\$0 Routine Eye Exam INN; \$200/yr Eyewear Allowance
Hearing Services	20%	\$0-\$35 Exam; \$669-\$999/yr per aid from Nations Hearing	\$45-30% Exam; \$699-\$999/yr per aid from Nations Hearing	Medicare Covered Hearing - \$35	Medicare Covered Hearing - \$45	Medicare Covered Hearing - \$40	Medicare Covered Hearing - \$50	\$0-\$40 Exam; \$399-\$699/yr per aid from TruHearing	\$0-\$50 Exam; \$399-\$699/yr per aid from TruHearing	\$0 Routine Exam; member pays \$499-\$799 for Tru Hearing Aid	\$0 Routine Exam; member pays \$499-\$799 for Tru Hearing Aid
Diabetic Training/Supplies	20%	\$0-20%	30%	\$0-20%	30%	\$0-20%	30%	\$0-20%	30%	\$5	30%
Dental Coverage	Limited Coverage 20%	\$0-50% preventive and comprehensive up to \$1,500/yr max	\$0-50% preventive and comprehensive up to \$1,500/yr max	\$0-50% preventive and comprehensive up to \$2,000/yr max	\$0-50% preventive and comprehensive up to \$2,000/yr max	\$0-50% preventive and comprehensive up to \$2,000/yr max	\$0-50% preventive and comprehensive up to \$2,000/yr max	\$0-50% preventive and comprehensive up to \$1,500/yr max	\$0-50% preventive and comprehensive up to \$1,500/yr max	\$0 for Preventive Dental up to \$1,000/yr allowance	\$0 for Preventive Dental up to \$1,000/yr allowance
Max out of Pocket		\$4,500	\$8,950	\$4,900	\$8,950	\$4,800	\$8,950	\$4,500	\$8,950	\$7,900	\$11,700
Full LIS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0	
Full LIS & EPIC		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0	