

2024 Medicare Advantage HMO Plans in Erie County

Original Medicare		Excellus Health - Univera 1-800-659-1986						Wellcare Fidelis Care 1-800-247-1447		
Medical Service	Original Medicare	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Freedom	SeniorChoice Extra	Wellcare Fidelis Assist	Wellcare Fidelis No Premium	
PREMIUMS	\$174.70	\$55	\$28	\$0	\$70	\$0	\$0	\$17.30	\$0	
		HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO	HMO-POS	HMO	
Deductible	\$240	\$0	\$0	\$0	\$0	\$0 Ded. \$35 Giveback	0 Ded. \$41 Giveback	\$0 Ded; \$25/qtr OTC with Transportation		\$0 Ded; \$65/qtr OTC
		12 one-way trips/yr	12 one-way trips/yr		12 one-way trips/yr	12 one-way trips/yr		In	Out	
PCP Visits	20%**	\$0/30%	\$5/30%	\$5	\$0/30%	\$5/30%	\$10	\$0	50%	\$0
Annual Wellness Exam	\$0	\$0/30%	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$0	50%	\$0
Specialty Visits	20%**	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$45	\$30	50%	\$45
Outpatient Mental Health	20%	20%/30%	20%/30%	20%	20%/30%	\$0/30%	20%	\$25	50%	\$25
Outpatient Substance Abuse	20%**	20%/30%	20%/30%	20%	20%/30%	\$0/30%	20%	\$25	50%	\$25
Outpatient Surgery	20%**	\$260/30%	\$330/30%	\$330	\$200/30%	\$250/30%	\$400	340/\$390	50%	353/\$403/20%
Emergency Care	20%**	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$95
Urgent Care	20%**	\$50	\$50	\$55	\$50	\$50	\$55	\$30	\$30	\$45
Ambulance Services	20%**	\$200	\$275	\$275	\$100	\$150	\$325	\$350/trip	50%	\$350/trip
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	50%	20%
Prosthetic Devices	20%**	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	50%	20%
X-Rays	20%**	\$50/30%	\$55/30%	\$55	\$50/30%	\$50/30%	\$60	\$0	50%	\$0
Diagnostic Radiology	20%**	\$175/30%	\$225/30%	\$200	\$150/30%	\$150/30%	\$325	\$150-\$390	50%	\$150/\$403
Lab Services	\$0	\$0/30%	\$0/30%	\$0	\$0/30%	\$10/30%	\$15	\$0	50%	\$0
Dialysis	20%**	20%/20%	20%/20%	20%	20%/20%	20%/20%	20%	20%	50%	20%
Radiation Therapy	20%**	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	20%	50%	20%
Chiropractic Care	Limited Coverage 20%**	\$5/30%	\$5/30%	\$10	\$0/30%	\$15/30%	\$15	\$20	50%	\$20
Medically Necessary Foot Care	Limited Coverage 20%**	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$45	\$30	50%	\$45
Routine Foot Care	Not Covered	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$45	\$30	50%	\$45
P.T., O.T. and Speech Therapy	20%**	\$35/30%	\$30/30%	\$35	\$25/30%	\$35/30%	\$40	\$30	50%	\$40

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Medical Service	Original Medicare	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Freedom	SeniorChoice Extra \$25 Buyback	Wellcare Fidelis Assist	Wellcare Fidelis No Premium	
PREMIUMS	\$174.70	\$55.40	\$28.40	\$0	\$70.40	\$0	\$0	\$17.30	\$0	
		HMO-POS	HMO/POS	HMO	HMO-POS	HMO-POS	HMO	HMO-POS	HMO	
Deductible	\$240	\$0	\$0	\$0	\$0	\$0 Ded; \$35 Giveback	0 Ded; \$41 Giveback	\$0 Ded; \$25/qtr OTC		\$0 Ded; \$65/qtr OTC
		12 one-way trips/yr	12 one-way trips/yr		12 one-way trips/yr	12 one-way trips/yr		In	Out	
Inpatient Hospital	\$1,632 deductible	\$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%	\$403/day for days 1-5; \$0/day for days 6-90
Inpatient Mental Health	\$1,632 deductible	\$310/day for days 1-5; \$0/day for days 6-90/30%	\$315/day for days 1-5; \$0/day for days 6+ covered in full/30%	\$315/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%/day for days 1-90	\$374/day for day 1-5; \$0/day for days 6-90
Skilled Nursing Facility	\$0/day for day 1-20; \$204/day for days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for days 1-20; \$203/day for days 21-100/30%	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for day 1-20; \$203/day for days 21-100/30%	\$0/day for days 1-20; \$203/day for days 21-100/30%	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for day 1-20, \$196/day for days 21-100	50%	\$0/day for days 1-20, \$196/day for day 21-100
Home Health Care	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	50%	\$0
Mammograms	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	50%	\$0
Bone Mass Measurement	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	50%	\$0
Colorectal Screening	\$0	\$0/30%	\$0/30%	0%	\$0/30%	\$0/30%	\$0	\$0	50%	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0; \$0/30% for Hepatitis B	\$0	\$0; 0/30% for Hepatitis B	\$0; 0/30% for Hepatitis B	\$0	\$0	50%	\$0
Cardiac Rehab	20%	\$0/30%	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$30	50%	\$40

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Original Medicare		Excellus Health - Univera 1-800-659-1986						Wellcare Fidelis Care 1-800-247-1447		
Medical Service	Original Medicare	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	Senior Choice Freedom	SeniorChoice Extra	Wellcare Fidelis Assist		Wellcare Fidelis No Premium
PREMIUMS	\$174.70	\$55.40	\$28.40	\$0	\$70.40	\$0	\$0	\$17.30		\$0
		HMO-POS	HMO-POS	HMO	HMO-POS	HMO-POS	HMO	HMO-POS		HMO
Deductible	\$240	\$0	\$0	\$0	\$0	\$0 Ded. \$35 Giveback	\$0 Ded. \$41 Giveback	\$0 Ded; \$25/qtr OTC		\$0
Over the Counter Allowance		\$50/qtr allowance	\$50/qtr allowance	\$50/qtr allowance	\$50/qtr allowance	\$50/qtr allowance	\$50/qtr allowance	In	Out	\$65/qtr OTC
Prescription Drugs	20% Part B covered on NO PART D	Preferred Copays \$0/\$10/\$42/\$95/33%, no deductible, Part B Drugs-20%/30%	Preferred Copays \$0/\$14/\$42/\$95/31%; \$100 deductible for Tiers 3-5; Part B Drugs-20%	Preferred Copays \$0/\$14/\$42/\$95/30%; \$200 deductible for Tiers 3-5; Part B Drugs 20%	Preferred Copays \$0/\$5/\$42/\$95/33%, no deductible, Part B Drugs-20%/30%	Part B Drugs 20%/30%; No Part D	Preferred Copays \$0/\$12/\$42/21%/27%; \$350 Deductible Tiers 3-5; Part B Drugs 20%	Copays \$0/\$20/\$47/50%/25%, \$505 deductible for Tiers 3-5; Part B Drugs-20%	Copays \$0/\$20/\$47/50%/25%, \$505 deductible for Tiers 3-5; Part B Drugs-50%	Copays \$0/\$15/\$37/48%/33%. No deductible, 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, \$200 eyewear allowance	\$0 Routine Exam, \$150 eyewear allowance	\$0 Routine Exam, \$350 eyewear allowance	\$0 Routine Exam; \$250 eyewear allowance/30%	\$0 Routine Exam, \$250 eyewear allowance	\$0 Routine Exam, \$250 eyewear allowance	\$0-\$30 Exam, \$200/yr eyewear allowance	50% or not covered	\$0 Routine Eye Exam, \$50 Eyewear Allowance
Hearing Services	20%	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0 Routine Exam, member pays \$499-\$799 for TruHearing brand aid	\$0-\$30 Exam, max up to \$350/yr for 2 aids	\$0-\$30 Exam, max up to \$350/yr for 2 aids	\$0-\$30 Exam, max up to \$350/yr for 2 aids
Diabetic Training and Supplies	20%	\$5/30%	\$5/30%	\$5	\$5/30%	\$5/30%	\$5	\$0	\$0-50%	0-20%
Dental Coverage	Limited Coverage	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 for Preventive and Comp. coverage up to \$1,000 allowance/yr	\$0 Copay for 2 exams, 2 cleanings and x-rays/yr; up to \$2,000/yr for services	\$0 Copay for 2 exams, 2 cleanings and x-rays/yr; up to \$2,000/yr for services	\$0 Copay for 2 exams, 2 cleanings and x-rays/yr; comp up to \$1,500/yr
Max out of Pocket		\$5,000	\$7,200	\$7,900	\$4,500	\$4,500	\$7,900	\$7,550		\$7,550
With Full LIS		\$15.50	\$2.30	\$0	\$43.70	NO RX	\$0	\$0		\$0
With Full LIS & EPIC		\$15.50	\$2.30	\$0	\$43.70	NO RX	\$0	\$0		\$0

2024 Medicare Advantage HMO Plans in Erie County

Original Medicare		MVP Health 1-800-665-7924			Wellcare 1-833-444-9088		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	\$174.70	\$25		\$222.40	\$0	\$0	\$0	\$115	\$52	\$0	\$0
		HMO-POS		HMO-POS	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$240	\$0 Ded; \$75/qtr OTC; 12 one-way trips/yr		\$0	\$0	\$0	\$0	\$0	\$0	0 Ded; \$8 Buyback	\$0 Ded; \$62 Buyback
		IN	OUT	\$100/qtr OTC	\$25/qtr OTC	\$79/qtr. OTC	\$25/qtr OTC	\$35/qtr OTC	\$35/qtr OTC	\$25/qtr OTC	
PCP Visits	20%**	\$0	30%	\$0	\$0	\$0	0-\$5	\$0	\$0	\$0	0-\$10
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$45	30%	\$40	\$35	\$45	\$45	\$25	\$30	\$35	\$45
Outpatient Mental Health	20%	\$10	30%	\$10	\$25	\$25	\$40	\$40	\$40	\$40	\$40
Outpatient Substance Abuse	20%**	\$10	30%	\$10	\$25	\$25	\$40	50%	\$40	\$40	\$40
Outpatient Surgery	20%**	\$300 Ambulatory \$350 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	\$275 Ambulatory \$375 Hospital	\$425 Ambulatory \$475 Hospital
Emergency Care	20%**	\$95	30%	\$95	\$95	\$95	\$100	\$100	\$100	\$100	\$100
Urgent Care	20%**	\$30	30%	\$30	\$25	\$25	\$55	\$55	\$55	\$55	\$55
Ambulance Services	20%**	\$250	\$250	160/\$300 air	\$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%	30%	\$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%	\$200	30%	\$40-150	\$0-\$75	\$150-\$225	\$150	\$150	\$175	\$175	\$225
Lab Services	\$0	\$10	30%	\$0-10	\$0	\$0	\$0	\$5	\$0	\$0	\$0
Dialysis	20%	20%	30%	20%	20%	20%	20%	20%	20%	20%	20%
Radiation Therapy	20%	\$20	30%	20%	20%	20%	20%	20%	20%	20%	20%
Chiropractic Care	20%** Limited Coverage	\$15	30%	\$15	\$0	\$0	\$15 Chiro; \$250/yr Mass/Accup	\$20 Chiro; \$500/yr Mass/Accup	\$15 Chiro; \$200/yr Mass/Accup	\$15 Chiro; \$250/yr Mass/Accup	\$15 Chiro; \$100/yr Mass/Accup
Medically Necessary Foot Care	20%** Limited Coverage	\$45	30%	\$40	\$35	\$45	\$45	\$25	\$30	\$30	\$40
Routine Foot Care	NOT COVERED	\$0-\$45	30%	\$0	NOT COVERED	NOT COVERED	\$45	\$25	\$30	\$30	\$40
P.T., O.T. and Speech Therapy	20%**	\$40	30%	\$20	\$35	\$40	\$15	\$15	\$25	\$30	\$40

2024 Medicare Advantage HMO Plans in Erie County

Original Medicare		MVP Health 1-833-368-4565			Wellcare 1-833-444-9088		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	\$174.70	\$25		\$222.40	\$0	\$0	\$0	\$115	\$52	\$0	\$0
		HMO-POS		HMO-POS	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$240	\$0 Ded; \$75/qtr OTC; 12 one-way trips/yr		\$0	\$0	\$0	\$0	\$0	\$0	0 Ded; \$8 Buyback	\$0 Ded; \$62 Credit
		IN	OUT	\$100/qtr OTC	\$25/qtr OTC	\$79/qtr OTC	\$25/qtr OTC	\$35/qtr OTC	\$35/qtr OTC	\$25/qtr OTC	
Inpatient Hospital	\$1,632 deductible	\$350/day for days 1-5, \$0/day for days 6+	30%	\$365/day for days 1-5; \$0/day for 6-90	\$300/day for days 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 6-90; \$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	\$1,632 deductible	\$350/days for days 1-5, \$0/days for days 6+	30%	\$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; \$0/day for days 7-90; \$1560/yr max OOP	\$215/day for days 1-6; \$0/day for days 7-90; \$1290/yr max OOP	\$260/day for days 1-6; \$0/day for days 7-90; \$1560/yr. max OOP	\$395/day for days 1-4; \$0/day for days 5-90; \$1580/yr. max OOP	\$395/day for days 1-4; \$0/day for days 5-90; \$1,580/yr max OOP
Skilled Nursing Facility	\$0/day for days 1-20, \$204/day for days 21-100	\$0/day for days 1-20, \$203/day for days 21-100	Not Covered	\$0/day for days 1-20, \$203/day for days 21-100	\$0/day for days 1-20, \$175/day for days 21-60; \$0/day for days 61-100	\$0/day for days 1-20, \$175/day for days 21-70; \$0/day for days 71-101	\$0/day for days 1-20, \$203/day for days 21-100	\$0/day for days 1-20, \$203/day for days 21-100	\$0/day for days 1-20, \$203/day for days 21-100	\$0/day for days 1-20, \$203/day for days 21-100	\$0/day for days 1-20, \$203/day for days 21-100
Home Health Care	\$0	\$0; \$0 for Transp. 12 one-way rides/yr	not covered	\$0; \$0 for Transp. 30 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
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$0	30%	\$0	\$35	\$40	\$15	\$15	\$15	\$10	\$10

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Original Medicare		MVP Health 1-833-368-4565			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	\$174.70	\$25		\$222.40	\$0	\$0	\$0	\$115	\$52	\$0	\$0
		HMO-POS		HMO-POS	HMO-POS	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$240	\$0 Ded; \$75/qtr OTC; 12 one-way trips/yr		\$0	\$0	\$0	\$0	\$0	\$0	0 Ded; \$8 Buyback	\$0 Ded; \$62 Credit
		IN	OUT	\$100/qtr OTC	\$25/qtr OTC	\$79/qtr OTC	\$25/qtr OTC	\$35/qtr OTC	\$35/qtr OTC	\$25/qtr OTC	
Prescription Drugs	20% Part B covered only; No Part D	Copays \$0/\$15/\$47/25%/25%, \$300 deductible for Tiers 3-5 Part B Drugs-20%	Copays \$0/\$15/\$94/\$25%/n/a, \$300 deductible for Tiers 3-5; Part B Drugs-not covered	Copays \$0/\$10/\$40/25%/33% no deductible; Part B Drugs- 20%	NO RX Benefit Part B Drugs-20%	Copays \$0/\$7/\$37/48%/33%; no Deductible; 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 \$0/\$12/\$42/\$94/29%, \$250 deductible for Tiers 4-5; Part B Drugs-20%	Copays \$0/\$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	\$0 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, \$25 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, \$35 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 Tru Hearing aid	Not Covered	\$0 Exam, \$699-\$999/yr for each Tru Hearing aid	\$0 Exam, \$35 diagnose/ treatment, up to \$750/yr. max for 1 aid/yr	\$0 Exam, \$35 diagnose/ treatment, up to \$750/yr. max for 1 aid/yr	\$45 Exam, \$45 diagnose/ treatment; \$599-\$899/yr. for Tru Hearing aid	\$45 exam, \$25 diagnose/ treatment, \$499-\$799/yr. for Tru Hearing aid	\$45 exam, \$30 diagnose/ treatment; \$499-\$799/yr for Tru Hearing aid	\$45 exam, \$35 diagnose/ treatment, \$699-\$999/yr. for Tru 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 supplies, stockings, shoes/inserts; 20% other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items	\$0 diabetic supplies, stockings, shoes/inserts; 20% other items
Dental Coverage	Limited Coverage	1 Cleanings, 1 Exams, 1 set of x-rays; up to \$1,500/yr Prevent. And Comp.	20%-50%	\$0-20% for 2 cleanings, exams, x-rays/yr; Prevent. and Comp. up to \$2,000/yr max	\$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); \$0/service;You pay 50% coinsurance up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$0/service;You pay 50% coinsurance up to \$2,000/yr. max	Preventive (routine cleanings, oral exams & x-rays); \$20/service;You pay 50% coinsurance up to \$1,000/yr. max
Max out of Pocket		\$7,900	None	\$6,500	\$6,700	\$8,300	\$6,700	\$6,700	\$6,700	\$6,900	\$8,300
With Full LIS		\$0.00		\$173.68	NO RX	\$0	NO RX	\$71.30	\$7.40	\$0	\$0
		\$0.00		\$157.60	NO RX	\$0	NO RX	\$33.10	\$0	\$0	\$0

2024 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 1-866-870-9604	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 Advantage from UHC NY-007	Medicare Value Plan
PREMIUMS	\$174.90	\$0	\$65	\$129	\$0	\$0	\$30 Part B Reduction	\$0	\$0
		HMO	HMO	HMO	HMO	HMO	HMO	HMO-POS	HMO
Over the Counter \$		\$100/qtr OTC	\$25/qtr; \$100/yr OTC	\$25/qtr; \$100/yr OTC	\$100/qtr; \$400/yr OTC	\$25/qtr; \$100/yr OTC	\$15/qtr OTC	\$40/qtr; \$160/yr OTC	\$75/qtr OTC
Deductible	\$240	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 Ded; \$100/qtr Med. Flex Card
PCP Visits	20%**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$20	\$30	\$20	\$10	\$40	\$45	\$30	\$30
Outpatient Mental Health	20%	\$20	\$25	\$20	\$20	\$35	\$40	\$15-\$25	\$30
Outpatient Substance Abuse	20%**	\$30	\$40	\$40	\$40	\$35	\$40	15-\$25	\$30
Outpatient Surgery	20%**	\$250 Ambulatory/ 20% Hospital	\$275 ASC \$325 O/P Hosp	\$250 ASC \$325 O/P Hosp	\$100 ASC \$100 O/P Hosp	\$290 ASC \$315 O/P Hosp	\$425 ASC \$475 O/P Hosp	\$300-350	\$250-\$325
Emergency Care	20%**	\$90	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Urgent Care	20%**	\$30	\$55	\$55	\$55	\$55	\$55	\$40	\$40
Ambulance Services	20%**	\$200	\$225	\$225	\$150	\$240	\$240	\$290	\$295 Ground
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%	10%-20%	10%-20%	10%-20%	10%-20%	10%-20%	20%	\$0-20%
Prosthetic Devices	20%**	20%	\$0-20%	\$0-20%	20%	20%	20%	\$0-20%	20%
X-Rays	20%**	\$0	\$35	\$30	\$25	\$40	\$50	\$35	\$30
Diagnostic Radiology	20%**	20%	\$175	\$125	\$50	\$200	\$300	\$0-\$190	\$175-\$200
Lab Services	\$0	\$0	\$5 or 20%	\$0 - 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%**	\$15	\$15	\$15	\$10	\$15	\$15	\$15	\$15 Chiro; \$30 Accup.
Medically Necessary Foot Care	Limited Coverage 20%**	\$20	\$30	\$20	\$10	\$40	\$45	\$30	\$30
Routine Foot Care	Not Covered	Limited	Limited	Limited	Limited	Limited	Limited	\$30	\$30
P.T., O.T. and Speech Therapy	20%**	\$20	\$10	\$5	\$10	\$20	\$35	\$20	\$25

2024 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 1-866-870-9604	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 Advantage from UHC NY-007	Medicare Value Plan
PREMIUMS	\$174.70	\$0	\$65	\$125	\$0	\$0	\$30 Part B Reduction	\$0	\$0
		HMO	HMO	HMO	HMO	HMO	HMO	HMO-POS	HMO
Over the Counter \$		\$100/qtr; \$400/yr OTC	\$25/qtr; \$100/yr OTC	\$25/qtr; \$100/yr OTC	\$100/qtr; \$400/yr OTC	\$25/qtr; \$100/yr OTC	\$15/qtr OTC	\$40/qtr; \$160/yr OTC	\$75/qtr OTC
Deductible	\$240	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 Ded; \$100/qtr Medical Flex Card
Inpatient Hospital	\$1,632 deductible	\$305/day for days 1-6; \$0 for days 7-90	\$295/day for days 1-6, \$0/day for days 7-90+ \$1,770 Annual Max	\$275/day for days 1-6, \$0/day for days 7-90+ \$1,650 Annual Max	\$150/day for days 1-5, \$0/day for days 6-90+ \$750 Annual Max	\$320/day for days 1-6, \$0/day for days 7-90+ \$1950 Annual Max	\$425/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+	\$275/day for days 1-5; \$0/day for days 6-90+
Inpatient Mental Health	\$1,632 deductible	\$305/day for days 1-5; \$0 for days 6-90	\$395/day for days 1-4, \$0/day for days 5-90+	\$395/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+	\$370/day for days 1-5, \$0/day for days 6-90+	\$350/day for days 1-4, \$0 for days 5-90	\$275/days for days 1-5; \$0/day for days 6-90+
Skilled Nursing Facility	\$0/day for days 1-20; \$204/day for days 21-100	\$0/day for days 1-20, \$160/day for days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for days 1-20, \$203/day for days 21-59, \$0/day for days 60-100	\$0/day for days 1-20; \$203/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%	\$20	36 Sessions-\$0	36 Sessions-\$0	36 Sessions-\$0	36 sessions-\$0	36 sessions-\$0	\$0	40/ea. for 12 visits/yr

2024 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 1-866-870-9604	Aetna 1-833-859-6031
Medical Service	Original Medicare	Centers Plan for Medicare Advantage	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	Encompass 65 Element	Encompass 65 Edge	AARP Medicare Advantage from UHC NY-007	Medicare Value Plan
PREMIUMS	\$174.90	\$0	\$65	\$125	\$0	\$0	\$30 Part B Reduction	\$0	\$0
		HMO	HMO	HMO	HMO	HMO	HMO	HMO-POS	HMO-POS
Deductible	\$240	0 Ded; \$100/qtr OTC	\$0	\$0	\$0	\$0	\$0	\$0	\$0 Ded; \$100/qtr Medical Flex
Over the Counter Benefit		Transp; \$0 for 6 one-way trips/yr	Transp; \$0 for 6 one-way trips/yr	Transp; \$0 for 12 one-way trips/yr	Transp; \$0 for 24 one-way trips/yr	No Transp.	No Transp.	\$40/qtr; \$160/yr. OTC	\$75qtr OTC
Prescription Drugs	20% Part B covered only; No Part D	Copays \$0/\$15/\$47/\$100/25%, \$395 deductible for tiers 3-5; Part B Drugs-20%	Copays \$0/\$12/\$42/50%/32% \$50 deductible for tiers 3-5; Part B Drugs-20%	Copays \$0/\$10/\$42/49%/33% \$0 deductible for Tiers 3-5, Part B Drugs-20%	No RX Benefit Part B Drugs-20%	Copays \$0/\$15/\$47/49%/30% \$150 deductible for Tiers 3-5, Part B Drugs-20%	Copays \$3/\$20/\$47/41%/25% \$545 deductible for Tiers 3-5, Part B Drugs-20%	Copays \$0/\$12/\$47/\$100/33%, Part B Drugs-20%; Insulin Drugs \$35	Copays \$0/\$0/\$47/\$100/30%; \$150 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	\$0-430 Routine Eye Exam, \$200 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, \$200 Routine Eyewear	\$0 Routine Eye Exam; \$250/yr eyewear allowance	\$0 Routine Exam/yr: \$300/yr eyewear allowance
Hearing Services	20%	\$30 Exam, \$1,000/ear for hearing aid once every 3 yrs.	\$30-\$45 Exam, \$499-\$2,199 per ear for hearing aid from Start Hearing Benefits	\$45 Exam, \$499-\$2,199 per ear for hearing aid from Start Hearing Benefits	\$45 Exam, \$499-\$2,199 per ear for hearing aid from Start Hearing Benefits	\$45 Exam, \$499-\$2,199 per ear for hearing aid from Start Hearing Benefits	\$45 Exam, \$499-\$2,199 per ear for hearing aid from Start Hearing Benefits	\$0 Exam, \$99-\$1,249/yr for 2 hearing aids from United Healthcare Hearing.	\$0 Routine Exam; max \$1,250/yr per ear purchased from NationsHearing
Diabetic 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 Touch diabetic supplies	0-20%
Dental Coverage	Limited Coverage	Up to \$2000/yr for preventive and comprehensive	\$0: preventive; Comp. Dental at \$50 coins up to \$2,000/yr max from Liberty Dental	\$0: preventive; Comp. Dental at \$50 coins up to \$2,000/yr max from Liberty Dental	\$0: preventive; Comp. Dental at \$50 coins up to \$1,000/yr max from Liberty Dental	\$0: preventive; Comp. Dental at \$50 coins up to \$2,000/yr max from Liberty Dental	\$0: 2 routine cleanings, exams & bitewing X-rays/yr.; 1 full mouth every 36 mos. through Liberty Dental; no Comp.	\$0 for exams, cleanings, x-rays, and fluoride; \$1,500/yr max for Comp. services	\$2,000/yr max for preventive and comprehensive
Max out of Pocket		\$7,550	\$7,300	\$7,300	\$6,700	\$7,550	\$8,850	\$7,550	\$6,500
With Full LIS		\$0	\$16.30	\$80.30	NO RX	\$0	\$0	\$0	\$0
With Full LIS and EPIC		\$0	\$0.00	\$31.58	NO RX	\$0	\$0	\$0	\$0

2024 Medicare Advantage HMO Plans in Erie County

Original Medicare		Humana 800-851-1629
Medical Service	Original Medicare	Gold Plus
PREMIUMS	\$174.70	\$0
		HMO
Deductible	\$240	U Dea; \$50/qtr OTC
PCP Visits	20%**	\$0
Annual Wellness Exam	\$0	\$0
Specialty Visits	20%**	\$35
Outpatient Mental Health	20%	\$35-\$75
Outpatient Substance Abuse	20%**	\$75
Outpatient Surgery	20%**	\$275/\$325
Emergency Care	20%**	\$100
Urgent Care	20%**	\$55
Ambulance Services	20%**	\$270
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%
Prosthetic Devices	20%**	20%
X-Rays	20%**	\$0-\$85
Diagnostic Radiology	20%**	\$100-\$325
Lab Services	\$0	0-\$55
Dialysis	20%**	20%
Radiation Therapy	20%**	20%
Chiropractic Care	Limited Coverage 20%**	\$0-15
Medically Necessary Foot Care	Limited Coverage 20%**	\$35
Routine Foot Care	Not Covered	\$35 for 12 visits/yr
P.T., O.T. and Speech Therapy	20%**	\$35

2024 Medicare Advantage HMO Plans in Erie County

Original Medicare		Humana 800-851-1629
Medical Service	Original Medicare	Gold Plus
PREMIUMS	\$174.70	\$0
Deductible	\$240	0 Ded; \$50/qtr OTC
Inpatient Hospital	\$1,632 deductible	\$320/day for days 1-7; \$0/day for days 8-90
Inpatient Mental Health	\$1,632 deductible	\$275/day for days 1-7; \$0/day for days 8-90
Skilled Nursing Facility	\$0/day for day 1-20; \$204/day for days 21-100	\$0/day for days 1-20; \$203/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

2024 Medicare Advantage HMO Plans in Erie County

Original Medicare		Humana 800-852-1629
Medical Service	Original Medicare	Gold Plus
PREMIUMS	\$174.70	\$0
		HMO
Deductible	\$240	0 Ded; \$50/qtr OTC
Over the Counter Allowance		
Prescription Drugs	20% Part B covered on NO PART D	Preferred Copays \$0/\$0/\$47/\$100/27%, \$350 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, \$150 eyewear allowance
Hearing Services	20%	\$0-\$35 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		\$7,500
With Full LIS		\$0.00
With Full LIS & EPIC		\$0.00