

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	BlueCross/BlueShield 1-800-248-9296							
		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO		Freedom Valor PPO No RX	
PREMIUMS	\$174.70	\$144		\$209		\$24 Prem.; \$4 Pt B Reduction		\$0 Prem.; \$50 Pt B Reduction	
Deductible	\$240	<i>0 Ded; \$35/qtr OTC</i>		<i>0 Ded; \$35/qtr OTC</i>		<i>0 Ded; \$40/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$10	35%	\$5	25%	\$0	50%	\$0	50%
Wellness Exam	\$0	\$0	35%	\$0	25%	\$0	50%	\$0	50%
Specialty Visits	20%	\$30	35%	\$25	25%	\$30	50%	\$35	50%
Outpatient Mental Health	20%	\$40	50%	\$40	50%	\$40	50%	\$5	50%
Outpatient Substance Abuse	20%	\$40	50%	\$40	50%	\$40	50%	\$5	50%
Outpatient Surgery	20%	\$250/\$350	35%	\$200/\$300	25%	\$275/\$375	50%	\$225/\$325	50%
Emergency Care	20%	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Urgent Care	20%	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55
Ambulance Services	20%	\$250	\$250	\$225	\$225	\$300	\$300	\$200	\$200
Durable Medical Equipment	20% Medicare Approved	\$0/20%	50%	\$0/20%	50%	\$0/20%	50%	\$0/20%	50%
Prosthetic Devices	20%	\$20%	50%	20%	50%	20%	50%	20%	50%
Cardiac Rehab	20%	\$5	35%	\$15	25%	\$10	50%	\$15	50%
X-Rays	20%	\$45	35%	\$40	25%	\$50	50%	\$45	50%
Diagnostic Services	20%	45-\$150	35%	\$150	25%	\$50-\$200	50%	\$45-\$150	50%
Lab Services	\$0	\$5	35%	\$5	25%	\$5	50%	\$0	50%
Radiation Therapy	20%	20%	35%	20%	25%	20%	50%	20%	50%
Chiropractic Care	limited coverage 20%	\$15 Chiro; \$500/yr for massage/ Accup	35%	\$15 Chiro; \$500/yr for massage/Accup	25%	\$15 Chiro; \$250/yr for massage/Accup	50%	\$15 Chiro; \$250/yr for massage/Accup	50%

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	BlueCross/BlueShield 1-800-248-9296							
		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO		Freedom Valor PPO No RX	
Premiums	\$164.90	\$144		\$209		\$24 \$4 Pt B Reduction		\$0 Prem. \$50 Part B Reduction	
Deductible/OTC	\$226	<i>\$0 Ded; \$35/qtr OTC</i>		<i>\$0 Ded; \$35/qtr OTC</i>		<i>\$0 Ded; \$40/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$30	35%	\$25	25%	\$30	50%	\$35	50%
Routine Foot Care	Not Covered	\$30	35%	\$25	25%	\$30	50%	\$35	50%
P.T., O.T. and Speech Therapy	20%	\$20	35%	\$20	25%	\$25	50%	\$15	50%
Inpatient Hospital	\$1,600 Deductible	\$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	\$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; \$203/day for days 21-100	35%	\$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	50%	\$0/day for days 1-20; \$203/day for days 21-100	50%
Home Health Care	\$0	\$0	35%	\$0	25%	\$0	50%	\$0	50%
Preventive Tests, Screenings, Shots	\$0	\$0	35%	\$0	25%	\$0	50%	\$0	20%/50%
Dialysis	20%	20%	35%/20%	20%	20%/50%	20%	20%/50%	20%	20%/50%

2024 Medicare PPO Plans for Erie County

1/25/2024

Original Medicare		BlueCross/BlueShield 1-800-248-9296							
		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO		Freedom Valor PPO NO RX	
Premiums	\$164.90	\$144		\$209		\$24 Prem. Pt B Reduction		\$0 Prem. \$50 Part B Reduction	
Deductible	\$226	<i>0 Ded; \$35/qtr OTC</i>		<i>0 Ded; \$35/qtr OTC</i>		<i>0 Ded; \$40/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	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/\$5/\$42/\$94/29%, \$200 deductible for Tiers 4-5, 20% Part B Drugs	Copays \$0/\$5/\$42/\$94/29%, \$200 deductible for Tiers 4-5, 20% Part B Drugs	NO RX Benefit; Part B Drugs-20%	NO RX Benefit; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + retinopathy exam/yr. for diabetics	\$25 Routine Eye Exam; \$30 Other Exam \$200/yr Eyewear Allowance	\$25 Routine Eye Exam; \$35 Other Exam \$200/yr max Eyewear Allowance	\$25 Routine Eye Exam; \$25 Other Exam; \$200/yr Eyewear Allowance	\$25 Routine Eye Exam; \$25 Other Exam; \$200/yr max Eyewear Allowance	\$25 Routine Eye Exam; \$30 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%	\$45 Exam; \$30 Diagnose/Treatment; \$499-\$799/aid/yr Tru Hearing Network	\$45 Exam; 35% Diagnose/Treatment; \$499-\$799/aid/yr Tru Hearing Network	\$45 Exam; \$25 Diagnose/Treatment; \$499-\$799/aid/yr Tru Hearing Network	\$45 Exam; 25% Diagnose/Treatment; \$499-\$799/aid/yr Tru Hearing Network	\$45 Exam; \$30 Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Network	\$45 Exam; 50% Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Network	\$45 Exam; \$35 Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Network	\$45 Exam; 50% Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Network
Diabetic Training and Supplies	20%	\$0	35%-50%	\$0	25%-50%	\$0	50%	\$0	30%
Dental Coverage	Limited Coverage 20%	\$0/service for preventive; Comp. up to \$2,000/yr at 50% coins.	\$0-50%/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.	\$0-50%/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		\$6,700	\$10,000	\$6,700	\$10,000	\$6,750	\$11,300	\$6,700	\$10,000
Full LIS		\$95.30		\$160.30		\$0		\$0	
Full LIS & EPIC		\$58.90		\$121.40		\$0		\$0	

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	WELLCARE TODAY'S OPTIONS 1-866-249-8668							
		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
PREMIUMS	\$174.70	\$20.60 ; \$1,000 Flex Card		\$0 Premium; \$77 Part B Reimbursement		\$110		\$0 Prem.; w/Transportation	
Deductible	\$240	\$0 Ded; <i>OTC Card \$45/qtr.</i>		\$180 Ded;		\$0 Ded; <i>OTC Card \$131/qtr.</i>		\$0 Ded; 12 one-way trips/yr <i>OTC Card \$84/qtr.</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$0	\$0	\$25	\$0	\$10	\$0	\$25
Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%	\$40	\$40	\$50	40%	\$25	\$35	\$40	\$60
Outpatient Mental Health	20%	\$25	30%	\$25	40%	\$25	30%	\$25	30%
Outpatient Substance Abuse	20%	\$25	30%	\$25	\$50	\$25	30%	\$25	30%
Outpatient Surgery	20%	\$250/\$350	30%	\$250/\$400	40%	\$150/\$200	30%	\$250/\$400	30%
Emergency Care	20%	\$100	\$100	\$100	\$100	\$135	\$135	\$100	\$100
Urgent Care	20%	\$35	\$35	\$40	\$40	\$35	\$35	\$35	\$35
Ambulance Services	20%	\$295	\$295	\$270	\$270	\$350	\$350	\$350	\$350
Durable Medical Equipment	20% Medicare Approved	20%	20%	20%	20%	20%	30%	20%	20%
Prosthetic Devices	20%	20%	20%	20%	20%	20%	30%	20%	20%
Cardiac Rehab	20%	\$30	30%	\$30	40%	\$15	30%	\$30	30%
X-Rays	20%	\$0	30%	\$25	40%	\$0	30%	\$10	30%
Diagnostic Services	20%	\$100/\$350	30%	\$0-\$400	40%	\$100/\$200	30%	\$100/\$400	30%
Lab Services	\$0	\$0	30%	\$0	40%	\$0	30%	\$10	30%
Radiation Therapy	20%	0-20%	30%	0-20%	40%	20%	30%	0-20%	30%
Chiropractic Care	limited coverage 20%	Chiro \$15 Accup \$0 for 12 visits/yr	Chiro \$15 Accup \$60 for 12 visits/yr	\$15	40%	\$20	30%	\$15	30%

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	WELLCARE TODAYS OPTIONS 1-866-249-8668							
		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
Premiums	\$174.90	\$20.60		\$0 Premium; \$77 Part B Reimbursement		\$110		\$0 Prem.; w/Transportation	
Deductible	\$240	\$0 Ded. <i>OTC Cared \$150/qtr.</i>		\$180 Ded.		\$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
Medically Necessary Foot Care	20% (medical limits apply)	\$40	\$40	\$50	40%	\$25-limits	\$35-limits	\$40-limits	\$60-limits
Routine Foot Care	Not Covered	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	30%	\$40	40%	\$25	30%	\$40	30%
Inpatient Hospital	\$1,632 Deductible	\$490/day for days 1-4; \$0/day for days 5-90	\$465/day for days 1-4; \$0/day for days 5-90	\$430/day for days 1-4; \$0/day for days 5-90	30%/admiss. for total cost days 1-90	\$600/ stay	20% /stay	\$362/day for days 1-7; \$0/day for days 8-90	\$600/day for days 1-12; \$0/day for days 13+ per admiss.
Inpatient Mental Health	\$1,632 Deductible	\$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; \$204/day days 21-100	\$0/day for days 1-20; \$203/day for days 21-60; \$0/day for days 61-100	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	20%/day for days 1-100	\$0/day for days 1-20; \$203/day for days 21-50; \$0/days for days 51-100	\$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; \$250/day for days 21-100
Home Health Care	\$0	0; 6 chore services/yr	30%; 6 chore services/yr	\$0	40%	\$0	30%	0; 6 chore services/yr	30%; 6 chore services/yr
Preventive Tests, Screenings, Shots	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dialysis	20%	20%	20%	20%	20%	20%	20%	20%	20%

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	WELLCARE TODAYS OPTIONS 1-866-249-8668							
		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
Premiums	\$174.70	\$20.40 Prem.; \$1,000 Flex Card		\$0 Premium; \$77 Part B Reimbursement		\$110		\$0; with Transportation	
Deductible	\$240	\$0 Ded; OTC Card \$150/qtr.		\$180 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
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$20/\$47/46%/25%; \$510 deductible for Tiers 2-5; Part B Drugs-20%	Copays \$0/\$20/\$47/46%/25%; \$510 deductible for Tiers 2-5; Part B Drugs-30%	Copays \$0/\$0/\$42/50%/25%; \$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/\$42/50%/33%; No deductible; Part B Drugs-20%	Copays \$0/\$5/\$42/50%/33%; No deductible; Part B Drugs-30%	Copays \$0/\$7/\$42/50%/26%; \$450 Ded. For tiers 3-5; Part B Drugs-20%	Copays \$0/\$7/\$42/50%/26%; \$450 Ded. For tiers 3-5; 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 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%	\$0-40%/services; \$750/yr max for 1 aid/yr	\$0-\$35 exam; \$750/yr max for 1 aid/yr	\$0-\$50 exam; \$0 copay for \$350/yr max for 1 aid/yr	\$0-40%/services; 40% copay for \$350/yr max for 1 aid/yr	\$0 exam; \$750/yr max for 2 aids	40% for services; \$750/yr max for 2 aids	\$0-40% for services; \$750/yr max for 1 aid/yr	\$0-\$40 exam; \$750/yr max for 1 aid/yr
Diabetic Training/Supplies	20%	\$0-20%	20%	\$0-20%	20%	\$0-20%	30%	\$0-20%	20%
Dental Coverage	Limited Coverage 20%	\$0 copay for preventive and comp. up to \$3,000/yr max	50% copay for preventive and comp. up to \$3,000/yr max	\$0 copay for preventive services	50% copay for preventive services	\$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		\$6,700	\$10,000	\$8,300	\$11,300	\$3,400	\$3,400	\$6,700	\$10,000
Full LIS		\$0.00		\$0.00		Call for info		\$0.00	
Full LIS & EPIC		\$0.00		\$0.00		Call for info		\$0.00	

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079									
		UHC Medicare Advantage NY-0020 Regional (PPO)		UHC Medicare Advantage NY-0021 Regional (PPO)		UHC Medicare Advantage NY-0022 Regional (PPO)		UHC Medicare Advantage Patriot No Rx NY MA02 Regional (PPO)		AARP Medicare Advantage from UHC NY-0019 (PPO)	
PREMIUMS	\$174.70	\$29		\$56		\$88		\$0		\$0	
Deductible	\$240	\$0		\$0		\$0		0 Ded; \$80/mo Reduction <i>\$50/qtr OTC</i>		\$0 Ded; <i>\$40/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$58	\$0	\$58	\$0	\$58	\$0	\$58	\$0	\$58
Wellness Exam	\$0	\$0	0-50%	\$0	0-50%	\$0	\$0-50%	\$0	50%	\$0	50%
Specialty Visits	20%	\$40	\$65	\$40	\$65	\$30	\$65	\$40	\$65	\$40	\$65
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-\$25	\$30-\$40
Outpatient Surgery	20%	\$0-\$375	50%	\$0-\$360	50%	\$0-\$375	50%	\$0-\$400	50%	\$0-\$375	50%
Emergency Care	20%	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Urgent Care	20%	\$40	\$40	\$40	40%	\$40	\$40	\$40	\$40	\$40	\$40
Ambulance Services	20%	\$290	\$290	\$290	\$290	\$290	\$290	\$290	\$290	\$290	\$290
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	50%	\$0	50%	\$0	50%	\$0	50%	\$0-\$20	40%-50%
X-Rays	20%	\$35	\$50	\$25	\$55	\$35	\$45	\$35	\$50	\$35	\$45
Diagnostic Services	20%	\$0-\$195	50%	\$0-\$175	50%	\$0-\$250	50%	\$0-\$250	50%	\$0-\$175	50%
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	\$60	50%	\$50	50%	\$40	50%	\$60	50%	\$60	50%
Chiropractic Care	limited coverage 20%	\$15	\$65	\$15	\$65	\$15	\$65	\$15	\$65	\$15	\$65

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice									
		1-888-417-5079									
		UHC Medicare Advantage NY-0020 Regional (PPO)		UHC Medicare Advantage NY-0021 Regional (PPO)		UHC Medicare Advantage NY-0022 Regional (PPO)		UHC Medicare Advantage Patriot No Rx NY MA02 Regional (PPO)		AARP Medicare Advantage from UHC NY-0019 (PPO)	
Premiums	\$174.70	\$29		\$56		\$88		\$0		\$0	
Deductible	\$240	\$0		\$0		\$0		0 Ded; \$805 Reduction \$50/qtr OTC		\$0 Ded; \$40/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$40	\$65	\$40	\$65	\$30	\$75	\$40	\$65	\$40	\$65
Routine Foot Care	Not Covered	6 visits/yr=\$40 ea	6 visits/yr=\$65 ea	6 visits/yr=\$40 ea	6 visits/yr=\$65 ea	6 visits/yr=\$30 ea	6 visits/yr=\$65 ea	6 visits/yr=\$40 ea	6 visits/yr=\$65 ea	6 visits/yr=\$40	6 visits/yr=\$65
P.T., O.T. and Speech Therapy	20%	\$20	\$65	\$25	\$65	\$30	\$65	\$40	\$65	\$25	\$65
Inpatient Hospital	\$1,632 Deductible	\$375/day for days 1-5; \$0/day for unlimited days after that	\$550/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	\$525/day for days 1-20; \$0/day for days 21+ unlimited/day after	\$375/day for days 1-5; \$0/day for days 6+ unlimited/day after	\$525/day for days 1-20; \$0/day for days 21+ unlimited/day after	\$450/day for days 1-4; \$0/day for days 5+ unlimite/day after	\$550/day for days 1-20; \$0/day for days 21+ unlimited/day after	\$375/day for days 1-5; \$0/day for days 6+	\$550/day for days 1-20; \$0/day for days 21+
Inpatient Mental Health	\$1,632 Deductible	\$375/day for days 1-4; \$0/day for days 5-90	\$550/day for days 1-20; \$0/day for days 21-90	\$360/day for days 1-4; \$0/day for days 5-90	\$525/day for days 1-20; \$0/day for days 21-90	\$375/day for days 1-5; \$0/day for days 6-90	\$525/day for days 1-20; \$0/day for days 21-90	\$450/day for days 1-4; \$0/day for days 5-90	\$550/day for days 1-20; \$0/day for days 21-90	\$375/day for days 1-4; \$0/day for days 5-90	\$550/day for days 1-20; \$0/day for days 21-90
Skilled Nursing Facility	\$0/day days 1-20; \$204/day days 21-100	\$0/day for days 1-20; \$203/day for days 21-100;	\$225/day for days 1-60; \$0/day for days 61-100	\$0/day for days 1-20; \$203/day for days 21-100;	\$225/day for days 1-60; \$0/day for days 61-100	\$0/day for days 1-20; \$203/day for days 21-100;	\$225/day for days 1-60; \$0/day for days 61-100	\$0/day for days 1-20; \$203/day for days 21-55; \$0/day for days 58-100	\$225/day for days 1-60; \$0/day for days 61-100	\$0/day for days 1-20; \$203/days for 21-57; \$0/day for days 58-100	\$225/day for day 1-60; \$0/day for days 61-100
Home Health Care	\$0	\$0	50%	\$0	50%	\$0	50%	\$0	50%	\$0	50%
Preventive Tests, Screenings, Shots	\$0	\$0	0-50%	\$0	0-50%	\$0	0-50%	\$0	0-50%	\$0	\$0-50%
Dialysis	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079									
		UHC Medicare Advantage NY-0020 Regional (PPO)		UHC Medicare Advantage NY-0021 Regional (PPO)		UHC Medicare Advantage NY-0022 Regional (PPO)		UHC Medicare Advantage Patriot No Rx NY MA02 Regional (PPO)		AARP Medicare Advantage from UHC NY-0019 (PPO)	
Premiums	\$174.70	\$29		\$56		\$88		\$0		\$0	
Deductible	\$226	\$0		\$0		\$0		0 Ded; \$80 Reduction <i>\$50/qtr OTC</i>		\$0 Ded; <i>\$40/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/\$100/28%; \$295 Deductible, Tiers 3-5; Part B Drugs-20%; Select Insulin \$35; \$0/Mail Order Tiers 1-2	Copays \$0/\$12/\$47/\$100/28%; \$295 Deductible, Tiers 3-5; Part B Drugs-50%; Select Insulin \$35; \$0/Mail Order Tiers 1-2	Copays \$0/\$14/\$47/\$100/30%; \$195 Deductible, Tiers 3-5; Part B-20%; Select Insulin \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$14/\$47/\$100/30%; \$195 Deductible, Tiers 3-5; Part B-50%; 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-50%; Select Insulins \$35; \$0/Mail Order, Tiers 1-2	Part D-not covered; Part B Drugs-20%	Part D-not covered; Part B Drugs 50%	Copays \$0/\$12/\$47/\$100/30%; \$195 Ded. For Tiers 3-5; Part B Drugs-20%; Select Insulins \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$12/\$47/\$100/30%; \$195 Ded. For Tiers 3-5; Part B Drugs-50%; 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 \$250yr eyewear allowance UHC Vision Network	\$65 Eye Exam; 50% Post-cataract Surgery Eyewear; \$0 copay \$250yr eyewear allowance from UHC Vision Network	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$250yr eyewear allowance UHC Vision Network	\$65 Eye Exam; 50% Post-cataract Surgery Eyewear; \$0 copay \$250yr eyewear allowance from UHC Vision Network	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$200yr eyewear allowance from UHC Vision Network	\$65 Eye Exam; 50% Post-cataract Surgery Eyewear; \$0 copay \$200yr eyewear allowance from UHC Vision Network	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$100/yr eyewear allowance from UHC Vision	\$65 Eye Exam; 50% Post-cataract Surgery Eyewear; \$0 copay \$100yr eyewear allowance from UHC Vision Network	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$250yr eyewear allowance UHC Vision Network	\$65 Eye Exam; 50% Post-cataract Surgery Eyewear; \$0 copay \$250/yr eyewear allowance from UHC Vision Network
Hearing Services	20%	Exam-\$0/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$65/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$0/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$65/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$0/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$65/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$0/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$65/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$0/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$65/yr; \$99-\$1,249/aid per yr from UHC Hearing Network
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	50%
Dental Coverage	Limited Coverage 20%	\$0 preventive; \$56/mo. for optional dental coverage	\$0 preventive; \$56/mo. for optional dental coverage	\$0 preventive; \$56/mo. for optional dental coverage	\$0 preventive; \$56/mo. for optional dental coverage	\$0 preventive; \$56/mo. for optional dental coverage	\$0 preventive; \$56/mo. for optional dental coverage	\$0 preventive; \$56/mo. for optional dental coverage	\$0 preventive; \$56/mo. for optional dental coverage	\$0-50% up to \$1,000/yr max for all covered services	\$0-50% up to \$1,000/yr max for all covered services
Max out of Pocket		\$7,900	\$13,300	\$7,500	\$13,300	\$7,200	\$13,300	\$6,700	\$13,300	\$7,200	\$13,300
Full LIS		\$0	\$0	\$7.30	\$7.30	\$39.30	\$39.30	\$0	\$0	\$0	\$0
Full LIS & EPIC		\$0	\$0	?	?	?	?	No RX	No RX	\$0	\$0

2024 Medicare PPO Plans for Erie County

1/25/2024

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		Medicare Platinum PPO	
PREMIUMS	\$174.90	\$0		\$0		\$0		\$29		\$150	
Deductible	\$240	\$0 Deductible \$45 Part B Reimbursement		\$0 Deductible; \$105/qtr OTC		\$0 Deductible; \$45/qtr OTC \$55 Part B Reimbursement		\$0 Deductible; \$75/qtr OTC		\$0 Deductible; \$105/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$10	\$50	\$0	\$40	\$0	\$35	\$0	\$45	\$0	\$50
Wellness Exam	\$0	\$0	0-30%	\$0	0-20%	\$0	0-50%	\$0	\$40%	\$0	30%
Specialty Visits	20%	\$45	\$60	\$35	\$50	\$35	\$55	\$25	\$50	\$0	\$60
Outpatient Mental Health	20%	\$40	30%	\$40	20%	\$40	50%	\$25	40%	\$0	30%
Outpatient Substance Abuse	20%	\$40	30%	\$40	20%	\$40	50%	\$25	40%	\$0	30%
Outpatient Surgery	20%	\$275/\$395	30%	\$175/\$275	20%	\$250-\$350	50%	\$175-\$300	40%	\$200/\$300	30%
Emergency Care	20%	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$45	\$45
Urgent Care	20%	\$50	\$50	\$40	\$40	\$50	\$50	\$50	\$50	\$30	\$30
Ambulance Services	20%	\$300	\$300	\$285	\$285	\$300	\$300	\$295	\$295	\$300	\$300
Durable Medical Equipment	20% Medicare Approved	0%-20%	30%	0%-20%	20%	0%-20%	50%	0%-15%	40%	20%	30%
Prosthetic Devices	20%	20%	30%	20%	20%	0%-20%	50%	15%	40%	20%	30%
Cardiac Rehab	20%	30-\$55	30%	\$30	20%	\$30-\$55	50%	\$30	40%	\$10-\$20	30%
X-Rays	20%	\$35	30%	\$35	20%	\$35	50%	\$25	40%	\$0	30%
Diagnostic Services	20%	\$300-\$350	30%	\$175/\$200	20%	\$200-\$300	50%	\$150-\$200	40%	\$100/\$150	30%
Lab Services	\$0	\$0-\$35	30%	\$0	20%	\$0	\$30	\$0	40%	\$0	30%
Radiation Therapy	20%	20%	30%	20%	20%	20%	50%	20%	40%	20%	30%
Chiropractic Care/ Accupuncture	limited coverage 20%	Chiro. \$15 Accup. \$45	Chiro 30% Accup 20%	Chiro \$15 Accup \$35	Chiro 30% Accup \$50	Chiro \$15 Accup \$35	Chiro 50% Accup \$55	Chiro \$15 Accup \$25	Chiro 40% Accup \$50	Chiro. \$15 Accup. \$0	Chiro. 30% Accup. \$60

2024 Medicare PPO Plans for Erie County

1/25/2024

	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-520-3857									
		Medicare Credit PPO		Medicare Premier PPO		Medicare Eagle PPO (NO RX)		Medicare Discover Value Plan PPO		Medicare Platinum PPO	
Premiums	\$174.70	\$0		\$0		\$0		\$29		\$150	
Deductible	\$240	\$0 Deductible \$45 Part B Reimbursement		\$0 Deductible; <i>\$105/qtr OTC</i>		0 Deductible; <i>\$45/qtr OTC</i> \$55 Part B Reimbursement		\$0 Deductible; <i>\$105/qtr OTC</i>		\$0 Deductible; <i>\$45/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$45	\$60	\$35	\$50	\$35	\$55	\$25	\$50	\$0	\$60
Routine Foot Care	Not Covered	Certain conditons	Certain conditons	Certain conditons	Certain conditons	Certain conditons	Certain conditons	Certain conditons	Certain conditons	Certain conditons	Certain conditons
P.T., O.T. and Speech Therapy	20%	\$50	30%	\$40	20%	\$40	50%	\$25	40%	\$0	30%
Inpatient Hospital	\$1,632 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 1-5; \$0/day for days 6+	\$300/day for days 1-6; \$0/day for days 7-90	\$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 21-90	\$0/Stay	\$500/day for days 1-20; \$0/day for days 21-90
Inpatient Mental Health	\$1,632 Deductible	\$374/day for days 1-5; \$0/day for days 6+	30%/stay	\$300/day for days 1-5; \$0/day for days 6-90	20%/stay	\$374/day for days 1-5; \$0/day for day 6-90	50%/stay	\$300/day for days 1-5; \$0/day for days 6-90	40%/stay	\$0/Stay	30%/Stay
Skilled Nursing Facility	\$0/day days 1-20; \$203/day days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	30%/stay	\$0/day for days 1-20; \$203/day for days 21-100	20%/stay	\$0/day for days 1-20; \$203/day for days 21-100	50%/stay	\$0/day for days 1-20; \$180/day for days 21-100	40%/stay	\$0/day for days 1-20; \$203/day for days 21-100	30%/Stay
Home Health Care	\$0	\$0	0%/30%	\$0	\$0-20%	\$0	\$0-50%	\$0	\$0-40%	\$0	30%
Preventive Tests, Screenings, Shots	\$0	\$0	0%/30%	\$0	\$0-20%	\$0	\$0-50%	\$0	\$0-40%	\$0	0%-30%
Dialysis	20%	20%	50%	20%	20%	20%	50%	20%	50%	20%	30%

2024 Medicare PPO Plans for Erie County

1/25/2024

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		Medicare Platinum PPO	
Premiums	\$174.70	\$0		\$0		\$0		\$29		\$150	
Deductible	\$240	\$0 Ded.; \$45 Part B Reimbursement		\$0 Deductible; <i>\$105/qtr. OTC</i>		\$0 Deductible; <i>\$45/qtr OTC</i> \$55 Part B Reimbursement		\$0 Deductible; <i>\$105/qtr OTC</i>		\$0 Deductible; \$45/qtr OTC	
		IN	OUT	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%	Copays \$0/\$0/20%/50%/29%; \$250 Deductible For Tiers 3-5; Part B Drugs-20%	Copays \$0/\$0/20%/50%/29%; \$250 Deductible For Tiers 3-5; 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-\$45 exam; \$225/yr. Eyewear Allowance	\$60 exam; \$225/yr. Eyewear Allowance	\$0-\$35 exam; \$350/yr. Eyewear Allowance	\$50 exam; \$350/yr. Eyewear Allowance	\$0-\$35 exam; \$250/yr. Eyewear Allowance	\$0-\$55 exam; \$250/yr. Eyewear Allowance	\$0-\$25/exam; \$300/yr Eyewear Allowance	\$0-40%/exam; \$300/yr Eyewear Allowance	\$0 exam; \$200/yr Eyewear Allowance	\$60 exam; \$200/yr Eyewear Allowance
Hearing Services	20%	\$0-\$45 exam; up tp \$750/yr. for 2 aids from NationsHearing	\$60 exam; up tp \$750/yr. for 2 aids from NationsHearing	\$0-\$35 exam; max \$1,250/yr. for 2 aids from NationsHearing	\$50 exam; max \$1,250/yr. for 2 aids from NationsHearing	\$0-\$35 exam; max \$1,250/yr. for 2 aids from NationsHearing	\$55 exam; max \$1,250/yr. for 2 aids from NationsHearing	\$0-\$25 exam; max \$1,250/yr. for 2 aids from NationsHearing	\$0-\$50 exam; max \$1,250/yr. for 2 aids from NationsHearing	\$0 exam; max \$1,250/yr for 2 aids from NationsHearing	\$60 exam; max \$1,250/yr for 2 aids 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%	\$0-20%	\$0-2%
Dental Coverage	Limited Coverage 20%	\$0 Copay preventive; optional dental plan \$21/mo for Comp.	30% Copay preventive; optional dental plan \$21/mo for Comp.	\$2,000/yr. max for preventive and comprehensive from Aetna Dental Network	\$2,000/yr. max for preventive and comprehensive from Aetna Dental Network	\$0 Copay; \$2,000/yr. max for prevent. and comp. from Aetna Dental Network	20% Co ins; \$2,000/yr. max for prevent. and comp. from Aetna Dental Network	\$2,000/yr. max for preventive and comprehensive from Aetna Dental Network	\$2,000/yr. max for preventive and comprehensive from Aetna Dental Network	\$1,000/yr. max for preventive and comprehensive from Aetna Dental Network	20% co-ins; \$1,000/yr. max for preventive and comprehensive from Aetna Dental Network
Max out of Pocket		\$8,550	\$15,300	\$7,550	\$8,500	\$7,000	\$9,500	\$7,000	\$9,500	\$4,300	\$6,000
Full LIS		\$0.00		\$0.00		\$0.00		\$0.00		\$111.20	
Full LIS & EPIC		\$0.00		\$0.00		\$0.00		\$0.00		\$72.20	

2024 Medicare PPO Plans for Erie County

1/25/2024

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	\$174.70	\$27		\$0		\$0		\$0		\$14.40	
Deductible	\$240	0 Ded; \$45/qtr OTC		0 Ded; \$50/qtr OTC		\$395 Ded; \$90/mo Reduction; \$25/qtr OTC		\$0 Ded; \$75/mo Reduction \$50/qtr OTC; w/transportation		\$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	\$10	\$5	\$20
Wellness Exam	\$0	\$0	\$0-30%	\$0	\$0-30%	\$0	\$0-30%	\$0	\$0-30%	\$0	30%
Specialty Visits	20%	\$35	\$45	\$35	\$45	\$40	\$50	\$40	\$50	\$35	\$50
Outpatient Mental Health	20%	\$35-\$85	30%	\$35-\$100	30%	\$75	30%	\$40-\$70	30%	20%	30%
Outpatient Substance Abuse	20%	\$85	30%	\$100	30%	\$75	30%	\$40-\$70	30%	20%	30%
Outpatient Surgery	20%	\$125/\$300	30%	\$300/\$350	30%	\$400/\$450	30%	\$300/\$350	30%	\$300	30%
Emergency Care	20%	\$120	\$120	\$120	\$120	\$120	\$120	\$95	\$95	\$100	\$100
Urgent Care	20%	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$55	\$55
Ambulance Services	20%	\$300	\$300	\$300	\$300	\$300	\$300	\$270	\$270	\$325	\$325
Durable Medical Equipment	20% Medicare Approved	20%	30%	20%	30%	9%	20%	16%	16%	20%	30%
Prosthetic Devices	20%	20%	20%	20%	30%	11%	20%	19%	30%	20%	30%
Cardiac Rehab	20%	\$30	30%	\$30	30%	\$30	30%	\$30	30%	\$0	\$50
X-Rays	20%	\$0-\$125	\$10-30%	\$0-\$125	\$10-\$60/30%	\$0-\$125	\$10-\$60/30%	\$0-\$90	\$10-\$60/30%	\$60	\$70
Diagnostic Services	20%	\$100-\$300	30%	\$100-\$325	30%	\$100-\$400	30%	\$100-\$350	30%	\$300	30%
Lab Services	\$0	\$0	\$10-30%	\$0-\$60	\$10-\$60/30%	\$0-\$60	\$10-\$60/30%	\$0-\$60	\$10-\$60/30%	\$4	30%
Radiation Therapy	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	30%
Chiropractic Care/ Accupuncture	limited coverage 20%	Chiro \$5 Accup \$35	Chiro 30% Accup \$45	Chiro \$10 Accup \$35	Chiro 30% Accup 30%	Chiro \$15 Accup \$40	Chiro 30% Accup \$50	Chiro \$0 Accup \$40	Chiro 30% Accup \$50	Chiro \$5 Accup 50%	Chiro 20 Accup 50%

2024 Medicare PPO Plans for Erie County

1/25/2024

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	\$174.70	\$27		\$0		\$0		\$0		\$14.40	
Deductible	\$240	\$0 Ded; \$45/qtr OTC		0 Ded; \$50/qtr OTC		\$395 Ded; \$90/mo Reduction \$25/qtr OTC		\$0 Ded; \$75/mo Reduction \$50/qtr OTC; w/transportation		\$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	\$35 for 6 visits/yr	\$40 for 6 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	\$1,632 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	\$335/day for days 1-5; \$0/day for days 6-90	\$500/day for days 1-7; \$0/day for days 8-90	\$695 per stay	\$375/day for days 1-9; \$0/day for days 10-90	\$350/day for days 1-5; \$0/day for days 6-90	\$350/day for days 1-7; \$0/day for days 8-90	\$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	\$1,632 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	\$311/day for days 1-7; \$0/day for days 8-90	\$500/day for days 1-14; \$0/day for days 15-90	\$695 per stay	\$375/day for days 1-9; \$0/day for days 10-91	\$350/day for days 1-5; \$0/day for days 6-90	\$350/day for days 1-7; \$0/day for days 8-91	\$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; \$204/day days 21-100	\$10/day for days 1-20; \$203/day for days 21-100	30% of cost for days 1-100	\$10/day for days 1-20; \$203/day for days 21-100	30% for cost of days 1-100	\$10/day for days 1-20; \$203/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; \$203/day for days 21-100	30%/day for days 1-100
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-\$45/30%	\$0	\$0-\$45/30%	\$0	0-30%	\$0	0-\$50/30%	\$0	30%
Dialysis	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%

2024 Medicare PPO Plans for Erie County

1/25/2024

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	\$174.70	\$27		\$0		\$0		\$0		\$14.40	
Deductible	\$226	0 Ded; \$45/qtr OTC		0 Ded; \$50/qtr OTC		\$395 Ded; \$90 Reduction \$25/qtr OTC		\$0 Ded; \$75 reduction \$50/qtr OTC; w/transportation		\$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/\$5/\$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%	Part D Emergency Only; \$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; \$250/yr Eyewear Allowance	\$0-\$50/30% Eye Exam; \$250/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 Exam; \$699-\$999/yr per aid from Nations Hearing	Medicare Cov.-\$35; \$699-\$999/yr from Nations Hearing	Medicare Cov.-\$45; \$699-\$999/yr from Nations Hearing	Medicare Cov.-\$40; \$699-\$999/yr from Nations Hearing	Medicare Cov.-\$50; \$699-\$999/yr from Nations Hearing	\$0-\$40 Exam; \$399-\$699/yr per aid from Nations Hearing	\$0-\$50 Exam; \$399-\$699/yr per aid from Nations Hearing	\$0 Routine Exam; member pays \$499-\$799 for Tru Hearing Aid	\$0 Routine Exam; member pays \$499-\$799 for aid; must use Tru Hearing
Diabetic Training/Supplies	20%	\$0-20%	30%	\$0-20%	30%	\$0-20%	30%	\$0-20%	30%	\$5	30%
Dental Coverage	Limited Coverage 20%	\$0-\$35 preventive and comprehensive up to \$1,500/yr max	\$0-50% preventive and comprehensive up to \$1,500/yr max	\$0-\$45 preventive and comprehensive up to \$1,500/yr max	\$0-\$45 preventive and comprehensive up to \$1,500/yr max	\$0-\$40 preventive; optional dental plan \$40.30/mo	\$0-\$50 preventive; optional dental plan \$40.30/mo	\$0-\$40 preventive and comprehensive up to \$1,500/yr max	\$0-\$50 preventive and comprehensive up to \$1,500/yr max	\$0 for Preventive/Comp. up to \$1,000/yr allowance	\$0 for Preventive/Comp. up to \$1,000/yr allowance
Max out of Pocket		\$4,950	\$8,950	\$5,300	\$9,150	\$5,350	\$9,500	\$4,500	\$8,950	\$7,900	\$11,700
Full LIS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No RX		\$0	
Full LIS & EPIC		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No RX		\$0	

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900						MVP Healthcare 1-800-665-7924					
		Medicare Passport Advantage PPO		Medicare Passport Prime		Medicare Passport Access PPO		Patriot Plan PPO		Well Select with Part D PPO		Gold Giveback PPO	
PREMIUMS	\$164.90	\$104		\$235		\$10		\$40.20 Prem;		\$86.40		\$0	
Deductible	\$226	<i>0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; 24 one-way trips/yr; \$50/qtr OTC</i>		<i>\$0 Ded; 12 one-way trips/yr; \$75/qtr OTC</i>		<i>\$0 Ded.; 12 one-way trips/yr; \$100/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	40%	\$0	\$45	\$0	40%	\$0	\$5	\$0	\$60	\$0	\$60
Wellness Exam	\$0	\$0	40%	\$0	\$45	\$0	40%	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%	\$35	40%	\$30	\$45	\$40	40%	\$40	\$50	\$45	\$60	\$50	\$60
Outpatient Mental Health	20%	\$25	40%	\$20	40%	\$35	40%	\$10	\$50	\$10	\$60	\$10	\$60
Outpatient Substance Abuse	20%	\$25	40%	\$40	40%	\$40	40%	\$10	\$50	\$10	\$60	\$10	\$60
Outpatient Surgery	20%	\$300/\$350	40%	\$265/\$315	20%	\$350/\$375	40%	\$200/\$325	40%	\$300/\$400	40%	\$300/\$300	40%
Emergency Care	20%	\$100	\$100	\$100	\$100	\$100	\$100	\$95	\$95	\$95	\$95	\$100	\$100
Urgent Care	20%	\$55	\$55	\$55	\$55	\$55	\$55	\$30	\$30	\$40	\$40	\$30	\$30
Ambulance Services	20%	\$250 ground/air	\$250 ground/air	\$200 ground/air	\$200 ground/air	\$275	\$275	\$150/\$300	\$150/\$300	\$200/\$400	\$200/\$400	\$250/\$500	\$250/\$500
Durable Medical Equipment	20% Medicare Approved	10%-20%	50%	10%-20%	50%	10%-20%	50%	20%	40%	20%	40%	20%	40%
Prosthetic Devices	20%	20%	50%	20%	50%	20%	50%	\$0-20%	40%	\$0-20%	40%	\$0-20%	40%
Cardiac Rehab	20%	\$0	40%	\$0	40%	\$0	40%	\$0	\$60	\$0	\$60	\$0	\$60
X-Rays	20%	\$40	40%	\$30	20%	\$35	40%	\$50	\$60	\$50	\$60	\$50	\$60
Diagnostic Services	20%	\$150	40%	\$100	20%	\$225	40%	\$175	40%	\$150	40%	\$300	40%
Lab Services	\$0	\$0/20% Genetic	40%	\$0/20% Genetic	20%	\$0	40%	\$0	40%	\$10	40%	\$10	40%
Radiation Therapy	20%	20%	50%	20%	40%	20%	50%	20%	40%	20%	40%	20%	40%
Chiropractic Care/ Accupuncture	limited coverage 20%	\$15	40%	\$15	40%	\$15	40%	\$10	\$20	\$15	\$20	\$15	\$20

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900						MVP Healthcare 1-800-665-7924					
		Medicare Passport Advantage PPO		Medicare Passport Prime		Medicare Passport Access PPO		Patriot Plan PPO		Well Select with Part D PPO		Gold Giveback PPO	
Premiums	\$174.70	\$104		\$235		\$10		\$40.20 Prem;		\$86.40		\$0	
Deductible	\$240	<i>\$0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>		\$0 Ded; \$25/qtr OTC		<i>\$0 Ded.; OTC Card \$50/qtr 24 one-way trips/yr</i>		<i>\$0 Ded; OTC Card \$75/qtr ; 12 one-way trips/yr</i>		<i>\$0 Ded.; \$100/qtr OTC; 12 one-way trips/yr</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$35	40%	\$30	40%	\$40	40%	\$40	\$60	\$45	\$60	\$50	\$60
Routine Foot Care	Not Covered	Limited	Limited	Limited	Limited	limited	limited	\$0	\$60	\$0	\$60	\$0	\$60
P.T., O.T. and Speech Therapy	20%	\$20	40%	\$10	20%	\$30	40%	\$40	\$60	\$40	\$60	\$40	\$60
Inpatient Hospital	\$1,632 Deductible	\$255/day for days 1-6; \$0/day for days 7+; \$1,530/yr Max	40%	\$225/day for days 1-7; \$0/day for days 8+; \$1,575/yr max	30%	\$325/day for days 1-5; \$0/day for days 6+; \$1,625/yr max	40%	\$400/day for days 1-5, \$0/day for days 6+	40%	\$340/day for days 1-5; \$0/day for days 6+	40%	\$400/day for days 1-5; \$0/day for days 6+	40%
Inpatient Mental Health	\$1,632 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%	\$375/day for days 1-5; \$0/day for days 6-90	40%	\$370/day for days 1-5, \$0/day for days 6+	40%	\$340/day for days 1-5; \$0/day for days 6+	40%	\$370/day for days 1-5; \$0/day for days 6+	40%
Skilled Nursing Facility	\$0/day days 1-20; \$204/day days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	40%	\$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	40%	\$0/day for days 1-20; \$203/day for days 21-100	40%	\$0/day for days 1-20; \$203/day for days 21-100	40%	\$0/day for days 1-20; \$203/day for days 21-100	40%
Home Health Care	\$0	\$0	40%	\$0	40%	\$0	40%	\$0	40%	\$0	40%	\$0	40%
Preventive Tests, Screenings, Shots	\$0	\$0	40%	\$0	20%	\$0	40%	\$0	40%	\$0	40%	\$0	40%
Dialysis	20%	20%	20%-40%	20%	20%-40%	20%	20%	20%	20%	20%	20%	20%	20%

2024 Medicare PPO Plans for Erie County

1/25/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900						MVP Healthcare 1-800-665-7924					
		Medicare Passport Advantage PPO		Medicare Passport Prime PPO		Medicare Passport Access PPO		Patriot Plan PPO		Well Select with RX PPO		Gold Giveback PPO	
Premiums	\$174.70	\$99		\$225		\$10		\$40.20 Prem.; w/Transp.		\$86.40		\$0	
Deductible	\$240	<i>0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; 24 one-way trips/yr; OTC Card \$50/qtr</i>		<i>\$0 Ded; 12 one-way trips/yr; OTC Card \$75/qtr</i>		<i>\$0 Ded; 12 one-way trips/yr; OTC Card \$100/qtr</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 \$0\$17/\$47/48%/29%; \$250 Ded. For tiers 3-5; 20% Part B Drugs	Copays \$0\$17/\$47/48%/29%; \$250 Ded. For tiers 3-5; 20% Part B Drugs	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/\$12/\$42/\$100/27%; \$400 deduct. for Tiers 3-5; Part B Drugs-20%	Copays \$0/\$12/\$42/\$100/27%; \$400 deduct. 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 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	\$0 Eye Exam; \$200/yr eyewear allowance	40% Exam; \$200/yr eyewear allowance combined in and OON	\$0 Routine Eye Exams; \$20 Diagnostic 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 Routine Eye Exam; \$50 Diagnostic Exam; 20%/\$225/yr eyewear allowance	\$0 Routine; \$60 Diagnostic Exam; 40%/\$225/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	\$0-\$35 Exam; \$45 aid Eval; \$499-\$2,199/aid for Start Hearing Network	40% Exam; Must use Stat Hearing Network	\$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 exam; aid Not Covered	\$0-\$45 Exam; \$699-\$999/yr per aid Tru Hearing	\$60 exam; aid Not Covered
Diabetic Training/Supplies	20%	\$0	40%	\$0	20%	\$0	40%	\$0 copay for One Touch Brand	40%	\$0 copay for One Touch Brand	40%	\$0 copay for One Touch Brand	40%
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	\$1,000/yr max for preventive and Comp.	\$1,000/yr max for preventive and comp.	\$0 for covered services; \$1,500/yr max for preventive and comp.	For covered services; 20%-50% OON	\$0 for covered services; \$2,000/yr max for preventive and comp.	For covered services; 20%-50% OON	\$0 for covered services; \$2,000/yr max for preventive and comp.	For covered services; 20%-50% OON
Max out of Pocket		\$6,900	\$11,300	\$6,900	\$11,300	\$7,500	\$12,500	\$7,550	\$11,300	\$7,550	\$11,300	\$7,900	\$11,500
Full LIS		\$60.10		\$186.10		\$0		\$0		\$45.70		\$0	
Full LIS & EPIC		\$21.20		\$147.20		\$0		\$0		\$40.20		\$0	