

2024 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		Wellcare Dual Access 1-800-541-2831	WellCare Dual Access Open 1-800-541-2831		Wellcare Fidelis Dual Plus 1-888-343-3547	Wellcare Fidelis Dual Access 1-888-343-3547	United Healthcare Dual Complete (NY-S002) (1-844-560-4944)	United Healthcare Dual Complete (NY-Q001) (1-844-560-4944)
		(HMO D-SNP) MA & QMB	(PPO D-SNP) MA & QMB		(HMO D-SNP) MA & QMB	(HMO SNP) MA & QMB	HMO-POS-D-SNP MA	HMO-POS-D-SNP MA & QMB
PREMIUMS	\$174.70	\$0	\$0		\$0	\$0	\$0	\$0
Deductible	\$240	\$0 Deductible	IN	OUT	\$0	\$0	\$0	\$0
PCP Visits	20%**	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Wellness exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	40%	\$0	\$0	0-20%	\$0	\$0	\$0	\$0
Outpatient Substance Abuse	20	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Surgery	20% **	\$0	\$0	\$0	\$0-20%	\$0	\$0	\$0
Emergency Care	20% **	0-\$100	\$0	0-\$100	\$0-20%	0-\$100	\$0	\$0
Urgent Care	20% **	0-\$100	\$0	0-\$100	\$0-20%	0-\$100	\$0	\$0
Ambulance Services	20% **	\$0	\$0	0-20%	\$0	\$0	\$0	\$0
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	\$0	\$0	0-20%	\$0	\$0	\$0	\$0
Prosthetic Devices	20% **	\$0	\$0	0-20%	\$0	\$0	\$0	\$0
Diagnostic Radiology	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X Rays	20% **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dialysis	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Chiropractic Care	limited coverage 20% **	\$0	\$0	0-20%	\$0	\$0	\$0	Not Covered

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		(HMO D-SNP) MA & QMB	(PPO D-SNP) MA & QMB		(HMO D-SNP) MA-OMB	(HMO SNP) MA & QMB	HMO-POS-D-SNP MA	HMO-POS-D-SNP MA & QMB
PREMIUMS	\$174.90	\$0	\$0		\$0	\$0	\$0	\$0
Deductible	\$240	\$0 Deductible	IN	OUT	\$0	\$0	\$0	\$0
Transportation	NOT COVERED	\$0 for up to 12 one-way trips/yr	\$0 copay for 12 one-way trips/yr.	75% copay for one-way trips	Not Covered	\$0 (10 one-way or 5 r/t trips/yr)	\$0 Medicaid Covered; 36 one-way trips/yr	\$0 Medicaid Covered; 36 one-way trips/yr
Medically Necessary Foot Care	limited coverage 20% **	\$0	\$0	0-20%	\$0	\$0	\$0 (4 visits/yr)	1 (4 visits/yr)
Routine Foot Care	NOT COVERED	Not Covered	\$0	\$0	\$0	\$0	\$0	\$0 (4 visits/yr)
P.T.,O.T. and Speech Therapy	20% **	\$0	\$0	0-20%	\$0	\$0	\$0	\$0
Inpatient Hospital	\$1,632 deductible	\$0	\$0	0-20%	\$0	\$0	\$0	\$0
Inpatient Mental Health*	\$1,632 deductible	\$0	\$0	0-20%	\$0	\$0	\$0	\$0
Skilled Nursing	\$0 days 1-20, \$204 days 21-100	\$0/day days 1-100	\$0/day for days 1-100	\$0/day for days 1-20; \$0-\$203/day for days 21-100	\$0/day days 1-100	\$0/day days 1-100	\$0/day days 1-100	\$0/day days 1-100
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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		(HMO D-SNP) MA & QMB	(PPO D-SNP) MA & QMB		(HMO D-SNP) MA-QMB	(HMO SNP) MA & QMB	HMO-POS-D-SNP MA	HMO-POS-D-SNP MA & QMB
PREMIUMS	\$174.70	\$0	\$0		\$0	\$0	\$0	\$0
Deductible	\$240	0 Ded; \$25/mo food card	IN	OUT	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only; NO PART D	\$0 Copay	\$0 Copay	\$0-20% for Part B drugs	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Exams;\$200 routine eyewear allowance	\$0 exam; \$100/yr max for eyewear coverage	\$0-20%/40% exam; 40% copay for \$100/yr max eyewear coverage	\$0 for medicare - covered services only	\$0 for medicare - covered services only	\$0 exam; \$200/yr max for eyewear coverage	\$0 exam; \$200/yr max for eyewear coverage
Hearing Services	40% + Medically necessary exams only no aides	\$0 Exams \$1,000 Hearing Aid Allowance for 2 aids/yr	\$0 exam; \$1,000 max for 2 aids	\$0-20%/40% exam; 1,200/yr max for 2 aids	\$0 Exam; \$1,500/yr max for 2 aids	\$0 Exam; \$350/yr max for 2 aids	\$0 exam; up to \$2,000/yr max for 2 aids/yr	\$0 exam; up to \$2,000/yr max for 2 aids/yr
Diabetic training and supplies	20%	\$0	\$0	0-20%	\$0	\$0-20%	\$0	\$0
Dental Coverage	limited coverage	\$0: 2 Exams, 2 Cleanings per yr, 1 x-ray every 1-3 yrs; \$3,000/yr max for all services	\$0 copay for \$4,000/yr max preventive and comprehensive	\$0-20%/50% copay for \$4,000/yr max for preventive and comprehensive	\$0 for medicare -covered services only	\$0 2 Exams and Cleanings/yr; 1 x-ray 1-3 yrs; \$2,000yr max for preventive and comp.	\$0 Exam & Cleaning; up to \$1,000/yr max for covered services	\$0 Exam & Cleaning; up to \$1,000/yr max for covered services
Over The Counter		\$1,200/yr flex card	\$84/mo or \$1,008/yr spendable card		\$184/qtr OTC card	\$123/month OTC card	\$213/mo OTC/Food Card	\$57/mo OTC/Food Card
With full LIS		\$0	\$0	\$0	\$0	\$0	\$0	\$0
With full LIS & EPIC		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Max Out Of Pocket		\$8,850	\$8,850	\$1,330	\$8,850	\$8,850	\$0	\$0

2024 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		United Healthcare NHP 1-877-505-9101	Centers Plan NHC 1-844-274-5227	Independent Health Medicare Family Choice 716-635-4900	Nascentia Health Plus Dual Advantage 1-888- 477-0090	Humana Gold Plus 1-800-833-2364
		Institutional with MA	Institutional with MA	institutional care	(HMO D-SNP) MA	(HMO-D-SNP) MA & QMB
PREMIUMS	\$174.70	0-\$23.70	\$39	\$48.70	\$0	\$0
Deductible	\$240	\$0	\$0	\$0	\$0 Ded; \$100/mo utility assist	\$0
PCP Visits	20%**	\$0	\$0	\$0	\$0	\$0
Wellness exam	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	40%	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Abuse	20	\$0	\$0	\$0	\$0	\$0
Outpatient Surgery	20% **	\$0	\$0	10%	\$0	\$0
Emergency Care	20% **	\$0	\$0	\$100	\$0	\$0
Urgent Care	20% **	\$0	\$0	\$0	\$0	\$0
Ambulance Services	20% **	\$0	\$0	\$80 ground 20% air	\$0	\$0
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	\$0	\$0	10%	\$0	\$0
Prosthetic Devices	20% **	\$0	\$0	10%	\$0	\$0
Diagnostic Radiology	20%	\$0	\$0	10%	\$0	\$0
X Rays	20% **	\$0	\$0	10%	\$0	\$0
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0
Dialysis	20%	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	\$0	\$0	10%	\$0	\$0
Chiropractic /Accupuncture	limited coverage 20% **	\$0	\$0	\$0 (Medicare covered)	\$0	\$0

2024 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		United Healthcare NHP 1(877) 505-9101	Centers Plan NHC 1-844-274-5227	Independent Health Medicare Family Choice 716-635-4900	Nascentia Health Plus Dual Advantage 1-888-477-0090	Humana Gold Plus 1-800-833-2364
		Institutional with MA	Institutional with MA	Institutional with MA	(HMO-D-SNP) MA	(HMO-D-SNP) MA & QMB
PREMIUMS	\$174.70	0-\$23.70	\$0-\$38.90	\$48.70	\$0	\$0
Deductible	\$240	\$0	\$0	\$0	\$0	\$0
Transportation	NOT COVERED	\$0 (24 one-way trips/yr)	Not Covered	\$0 (36 one-way trips/yr)	\$0 (48 one-way trips/yr)	\$0 (48 one-way trips/yr)
Medically Necessary Foot Care	limited coverage 20% **	\$0	\$0: exams/ treatment for diabetes-related nerve damage	\$0	\$0	\$0
Routine Foot Care	NOT COVERED	\$0 (2 visits/yr)	\$0 for 2 visits every 3 mos.	0-10%	\$0-20%	\$0
P.T.,O.T. and Speech Therapy	20% **	\$0	\$0	\$0	\$0	\$0
Inpatient Hospital	\$1,632 deductible	\$0	\$0	\$250/stay \$600 annual limit	\$0	\$0
Inpatient Mental Health*	\$1,632 deductible	\$0	\$0	\$250/day for days 1-5; \$0/day for days 6-90	\$0	\$0
Skilled Nursing	\$0 days 1-20, \$204 days 21- 100	\$0	\$0	\$0	\$0	\$0
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0

2024 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		United Healthcare NHP 1(877) 505-9101	Centers Plan NHC 1-844-274-5227	Independent Health Medicare Family Choice 716-635-4900	Nascentia Health Plus Dual Advantage 1-888-477-0090	Humana Gold Plus 1-800-833-2364
		Institutional with MA	Institutional with MA	Institutional with MA	(HMO-D-SNP) MA	(HMO-D-SNP) MA & QMB
PREMIUMS	\$174.70	0-\$23.70	\$0-\$38.90	\$48.70	\$0	\$0
Deductible	\$240	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only; NO PART D	Copays \$0/\$1.35/\$3.95/ \$4.00/\$9.85/15% Part B: \$0	Copays \$0-25% Part B: \$0	Copays \$4/\$15/25%/25%/ 33%; Part B: \$0	Copays \$0/\$1.35/\$4.15 Part B: \$0	Copays \$0/\$1.35/\$3.95/ \$4.00/ \$9.85/15% \$0-Part B:
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Exams, \$0 Post Cataract Eyewear, \$0 every 2 yrs; up to \$150/yr routine eyewear allowance	\$0: Exams; up to \$100 eyewear allowance per 2 yr, \$0 post cataract surgery glasses	\$0 Exams; \$0 Post Cataract Eyewear; up to \$150/yr for eyewear including diabetic retinopathy and retinal imaging	\$0 exam; \$0 post cataract Eyewear; \$0 routine exam; up to \$600/yr routine eyewear allowance	\$0 for Covered Services; \$250/yr Max eyewear allowance
Hearing Services	40% + Medically necessary exams only no aides	\$0 Exams, \$2,000 Hearing Aid Allowance every 2 yrs	\$0 Exams; \$500/ear Hearing Aid Allowance every 3 yrs.	\$0 Exams, \$45 fitting exam; \$499-\$2,199/yr per ear for Start Hearing Network aid devices	\$0 Routine Exams, \$2,500/yr max for 2 aids	\$0/yr Exam; \$0/aid allowance every 3 years from Tru Hearing
Diabetic training and supplies	20%	\$0 Training, \$0 Shoes or Inserts, \$0 Supplies (covered brands)	\$0 training ,supplies & therapeutic shoes	\$0	\$0 Training, \$0 shoes or inserts, \$0 Supplies	\$0 Training, \$0 shoes or inserts, \$0 Supplies
Dental Coverage	limited coverage	\$0 for Covered Services, \$1,000 limit	\$0 copay: 2 Cleanings, 2 x-rays; 2 Exams	Not Covered	\$0 for 2 exams, x-rays, cleanings/yr; \$2,000/yr in preventive and comprehensive benefit	\$0 for Covered Services; up to \$1,000/yr
Over The Counter		\$155/qtr OTC card		\$100/qtr; \$400/yr OTC	\$200/mo OTC/Food	\$140/mo OTC/Food
With full LIS		\$0	\$0	\$0	\$0	\$0
With full LIS & EPIC		\$0	\$0	\$0	\$0	\$0
Max Out Of Pocket		\$3,000	\$7,550	\$3,000	\$0	\$8,850

2024 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		HumanaChoice SNP-DE (020) 1-800-833-2364		Independent Health Assure Advantage 716-635-4900	Aetna Medicare Assure 1-833-859-6031	United Healthcare Dual Complete Choice 1-844-560-4944	
		(PPO-D-SNP) MA & QMB		(HMO C SNP) Chronic Heart Failure Diagnoses	(HMO D SNP) MA & QMB	(PPO-D-SNP) NY-S001 MA	
PREMIUMS	\$174.70	\$0.00		\$60	\$0	\$0 Premium	\$0 Deductible
Deductible	\$240	\$0		\$0	\$0	\$0	\$0
PCP Visits	20%**	\$0	0-30%	\$0	\$0	\$0	\$0-40%
Wellness exam	\$0	\$0	0-30%	\$0	\$0	\$0	\$0-40%
Specialty Visits	20%**	\$0	0-30%	\$0-\$20	\$0	\$0	\$0
Outpatient Mental Health	40%	\$0	0-30%	\$30	\$0	\$0	\$0-40%
Outpatient Substance Abuse	20	\$0	0-30%	\$30	\$0	\$0	\$0-40%
Outpatient Surgery	20% **	\$0	0-30%	\$300/\$350	\$0	\$0	\$0-40%
Emergency Care	20% **	\$0	0-\$100	\$100	\$0	\$0	\$0
Urgent Care	20% **	\$0	0-\$55	\$55	\$0	\$0	\$0
Ambulance Services	20% **	\$0	0-\$300	\$225 ground/air	\$0	\$0	\$0-20%
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	\$0	0-30%	10%-20%	\$0	\$0	\$0-40%
Prosthetic Devices	20% **	\$0	0-30%	20%	\$0	\$0	\$0-40%
Diagnostic Radiology	20%	\$0	0-30%	\$155	\$0	\$0	\$0-40%
X Rays	20% **	\$0	0-30%	\$30	\$0	\$0	\$0-40%
Lab Services	\$0	\$0	0-30%	\$0 labs; 20% genetic tests	\$0	\$0	\$0
Dialysis	20%	\$0	0-20%/20%	\$0-20	0-20%	\$0	0-20%
Radiation Therapy	20%	\$0	0-30%	20%/20%	\$0	\$0	\$0-40%
Chiropractic Care	limited coverage 20% **	\$0	0-30%	Chiro \$15 Accup \$20	\$0	\$0	\$0-40%

2024 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		HumanaChoice SNP-DE (020) 1-800-833-2364		Independent Health Assure Advantage 716-635--4900	Aetna Medicare Assure 1-833-859-6031	United Healthcare Dual Complete Choice 1-844-560-4944	
		(PPO-D-SNP) MA & QMB		(HMO SNP) C SNP Diabetes and Chronic Heart Failure Diagnoses	(HMO D SNP) MA & QMB	(PPO-D-SNP) NY-S001 MA	
PREMIUMS	\$174.70	\$0.00		\$60	\$0	\$0 Premium	\$0 Deductible
Deductible	\$240	\$0		\$0	\$0	IN	OUT
Transportation	Not Covered	\$0 for 48 one-way trips/yr	\$0 for 48 one-way trips/yr	\$0 (12) one-way trips/yr to plan approved places	NOT COVERED	\$0 for 36 one-way trips/yr	75% coinsurance
Medically Necessary Foot Care	Limited Coverage 20%**	\$0	0-30%	\$0	\$0 up to 12 visits/yr	\$0	0-40%
Routine Foot Care	Not Covered	\$0	0-30%	0 up to 4 visits/yr	\$0 up to 12 visits/yr	\$0 for 6 visits/yr	40% for 6 visits/yr
P.T., O.T. and Speech Therapy	20%**	\$0	0-30%	\$15	\$0	\$0	0-40%
Inpatient Hospital	\$1,632 deductible	\$0	0-30%	\$275/day for days 1-6; \$0/day for days 7+; \$1,650/yr Max	\$0	\$0	0-40%
Inpatient Mental Health*	\$1,632 deductible	\$0	0-30%	\$395/day for days 1-4; \$0/day for days 5-90	\$0	\$0	0-40%
Skilled Nursing	\$0/day for day 1-20, 204/days for days 21-100	\$0	0-30%	\$0/day for days 1-20; \$203/day for days 21-100	\$0/day for day 1-100	\$0 up to 100 days	0-40%; up to 100 days
Home Health Care	\$0	\$0	0-30%	\$0	\$0	\$0	0-40%
Mamograms	\$0	\$0	\$0	\$0	\$0	\$0	0-40%
Bone Mass	\$0	\$0	\$0	\$0	\$0	\$0	0-40%
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	0-40%
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	0-40%

2024 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		HumanaChoice SNP-DE (020) 1-800-833-2364		Independent Health Assure Advantage 716-635-4900	Aetna Medicare Assure 1-833-859-6031	United Healthcare Dual Complete Choice 1-844-560-4944	
		(PPO-D-SNP) MA & QMB		(HMO C SNP) Chronic Heart Failure Diagnoses	(HMO D SNP) MA & QMB	(PPO-D-SNP) NY-S001 MA	
PREMIUMS	\$174.90	\$0.00		\$60	\$0	\$0 Premium	\$0 Deductible
Deductible	\$240	\$0		\$0		IN	OUT
Prescription Drugs	0%-20% Part B covered only; NO PART D	Copays \$0/\$1.35/\$3.95/\$4.00/ \$9.85; \$0-Part B:	Copays \$0/\$1.35/\$3.95/\$4.00/ \$9.85; \$0-30% Part B:	Copays \$0/\$12/\$47/38%/33%; \$35 for certain insulins	Copays \$0; \$0 for Part B Drugs	Copays \$0; \$0 for Part B Drugs	Copays \$0; \$0-40% for Part B Drugs
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Exam up to \$75; \$200/yr max for eyewear allowance	\$0-30% Exam up to \$75; \$200/yr max for eyewear allowance	\$0 Exams, \$0 Post Cataract eyewear; up to \$200/yr for eyewear, \$0 for diabetic retinopathy and retinal imaging	\$0 Exams; \$250/yr max eyewear allowance	\$0 Exam up to \$200/yr max eyewear allowance	\$0-40% Exam up to \$200/yr max eyewear allowance
Hearing Services	40% + Medically necessary exams only no aides	\$0 for Routine Exam; \$0 for Tru Hearing hearing aid 1 per ear every 3 yrs.	\$0-30% for Routine Exam; \$0 for Tru Hearing hearing aid 1 per ear every 3 yrs.	\$20 exam; \$45 hearing aid evaluation exam; \$499 or \$2,199 for Start Hearing aid devices	\$0 Exams; \$1,250/yr per aid for aids purchased from NationsHearing	\$0 exam; \$2,000/yr for 2 aids through United Healthcare Hearing	40% exam; \$2,000/yr for 2 aids through United Healthcare Hearing
Diabetic training and supplies	20%	\$0	0-20%	\$0	\$0	\$0	0-40%
Dental Coverage	limited coverage	\$0 Exam & Cleaning; \$1,000/yr max for preventive and comp.	\$0-30% Exam & Cleaning; \$1,000/yr max for preventive and comp.	\$20/visit preventive; \$0 Ded. For Comprehensive; you pay 50% up to \$1,500/yr through Liberty provider	\$0 preventive/yr; up to \$2,000/yr for covered serices	\$0 Exam & Cleaning; \$1,000/yr max for preventive and comp.	\$0 Exam & Cleaning; \$1,000/yr max for preventive and comp.
Over The Counter		\$200/qtr OTC		\$30/qtr OTC	\$180/qtr OTC/Food	\$163/mo OTC/Food	
With full LIS		\$0		\$11.13	\$0	\$0	
With full LIS & EPIC		\$0		\$0.00	\$0	\$0	
Max Out Of Pocket		\$8,850	\$13,330	\$7,300	\$8,850	\$13,330	