

2025 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Highmark BlueCross/BlueShield 1-800-248-9296									
		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO		Freedom Valor PPO No RX		Freedom Nation Prestige	
PREMIUMS	\$185	\$131		\$197		\$30		\$0 Prem.; \$50 Pt B Reduction		\$52 Premium \$4 Part B Reduction	
Deductible	\$257	<i>0 Ded; \$60/qtr OTC</i>		<i>0 Ded; \$60/qtr OTC</i>		<i>0 Ded; \$160/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>		<i>\$0 Ded; \$75/qtr OT</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$10	35%	\$5	25%	\$0	50%	\$0	50%	\$0	50%
Wellness Exam	\$0	\$0	35%	\$0	25%	\$0	50%	\$0	50%	\$0	50%
Specialty Visits	20%	\$30	35%	\$25	25%	\$30	50%	\$35	50%	\$10	50%
Outpatient Mental Health	20%	\$40	50%	\$40	50%	\$40	50%	\$5	50%	\$40	50%
Outpatient Substance Abuse	20%	\$40	50%	\$40	50%	\$40	50%	\$5	50%	\$40	50%
Outpatient Surgery	20%	\$250/\$350	35%	\$200/\$300	25%	\$275/\$375	50%	\$225/\$325	50%	\$250/\$350	50%
Emergency Care	20%	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
Urgent Care	20%	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55
Ambulance Services	20%	\$250	\$250	\$225	\$225	\$325	\$325	\$250	\$250	\$325	\$325
Durable Medical Equipment	20% Medicare Approved	\$0/20%	50%	\$0/20%	50%	\$0/20%	50%	\$0/20%	50%	\$0/20%	50%
Prosthetic Devices	20%	\$20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Cardiac Rehab	20%	\$5	35%	\$15	25%	\$10	50%	\$15	50%	\$10	50%
X-Rays	20%	\$45	35%	\$40	25%	\$50	50%	\$45	50%	\$50	50%
Diagnostic Services	20%	45-\$150	35%	\$150	25%	\$50-\$200	50%	\$45-\$150	50%	\$50-\$200	50%
Lab Services	\$0	\$5	35%	\$5	25%	\$5	50%	\$0	50%	\$50	50%
Radiation Therapy	20%	20%	35%	20%	25%	20%	50%	20%	50%	20%	50%
Chiropractic Care	limited coverage 20%	Chiro; \$15 Accup; \$30	Chiro; 35% Accup; 35%	Chiro; \$15 Accup; \$25	Chiro; 25% Accup; 25%	Chiro; \$15 Accup; \$30	Chiro; 50% Accup; 50%	Chiro; \$15 Accup; \$35	Chiro; 50% Accup; 50%	Chiro; \$15 Accup; \$10	Chiro; 50% Accup; 50%

2025 Medicare PPO Plans for Erie County

12/18/2024

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		Freedom Nation Prestige	
Premiums	\$185	\$131		\$197		\$30		\$0 Prem. \$50 Part B Reduction		\$52 Premium \$4 Part B Reduction	
Deductible/OTC	\$257	<i>\$0 Ded; \$60/qtr OTC</i>		<i>\$0 Ded; \$60/qtr OTC</i>		<i>\$0 Ded; \$160/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>		<i>\$0 Prem.; \$75/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$30	35%	\$25	25%	\$30	50%	\$35	50%	\$10	50%
Routine Foot Care	Not Covered	\$30	35%	\$25	25%	\$30	50%	\$35	50%	\$10	50%
P.T., O.T. and Speech Therapy	20%	\$20	35%	\$20	25%	\$25	50%	\$15	50%	\$10	50%
Inpatient Hospital	\$1,676 Deductible	\$295/day for days 1-7; \$0/day for days 8-90; \$2,065/yr max OOP	35% per stay	\$205/day for days 1-7; \$0/day for days 8-90; \$1,435/yr max OOP	30% per stay	\$375/day for days 1-6; \$0/day for days 7-90; \$2,250/yr max OOP	50% per stay	\$290/day for days 1-7; \$0/day for days 8-90; \$2,030/yr max OOP	50% per stay	\$305/day for days 1-6; \$0/day for days 7-90; \$1,830/yr max OOP	50% per stay
Inpatient Mental Health	\$1,676 Deductible	\$270/day for days 1-6; \$0/day for days 7-90; \$1,620/yr max OOP	35% per stay	\$270/day for days 1-6; \$0/day for days 7-90; \$1,620/yr max OOP	30% per stay	\$370/day for days 1-5; \$0/day for days 6-90; \$1,850/yr max OOP	50% per stay	\$260/day for days 1-6; \$0/day for days 7-90; \$1,560/yr max OOP	50% per stay	\$305/day for days 1-6; \$0/day for days 7-90; \$1,830/yr max OOP	50% per stay
Skilled Nursing Facility	\$0/day days 1-20; \$209.50/day days 21-100	\$0/day for days 1-20; \$203/day for days 21-100	35%	\$0/day for days 1-20; \$214/day for days 21-100	30%	\$0/day for days 1-20; \$214/day for days 21-100	50%	\$0/day for days 1-20; \$214/day for days 21-100	50%	\$0/day for days 1-20; \$214/day for days 21-100	50%
Home Health Care	\$0	\$0	35%	\$0	25%	\$0	50%	\$0	50%	\$0	50%
Preventive Tests, Screenings, Shots	\$0	\$0	35%	\$0	25%	\$0	50%	\$0	50%	\$0	50%
Dialysis	20%	20%	35%/20%	20%	20%/50%	20%	20%/50%	20%	20%/50%	20%	20%/50%

2025 Medicare PPO Plans for Erie County

12/18/2024

Original Medicare		BlueCross/BlueShield 1-800-248-9296									
		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO		Freedom Valor PPO NO RX		Freedom Nation Prestige	
Premiums	\$185	\$131		\$197		\$30 Prem.		\$0 Prem. \$50 Part B Reduction		\$52 Premium \$4 Part B Reduction	
Deductible	\$257	<i>0 Ded; \$60/qtr OTC</i>		<i>0 Ded; \$60/qtr OTC</i>		<i>0 Ded; \$160/qtr OTC</i>		<i>\$0 Ded; \$25/qtr OTC</i>		<i>\$0 Prem.; \$75/qtr OTC</i>	
		IN	OUT	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/\$5/25%/49%/33%, \$0 Ded., 20% Part B Drugs	Copays \$0/\$5/25%/49%/33%, \$0 Ded., 50% Part B Drugs	NO RX Benefit; Part B Drugs-20%	NO RX Benefit; Part B Drugs-50%	Copays \$0/\$0/25%/50%/33%, \$0 Ded., 20% Part B Drugs	Copays \$0/\$0/25%/50%/33%, \$0 Ded., 50% Part B Drugs
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	\$0 Routine Eye Exam; \$10 other exams; \$200/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 Premium	\$45 Exam; 35% Diagnose/Treatment; \$499-\$799/aid/yr Tru Hearing Preemium	\$45 Exam; \$25 Diagnose/Treatment; \$499-\$799/aid/yr Tru Hearing Premium	\$45 Exam; 25% Diagnose/Treatment; \$499-\$799/aid/yr Tru Hearing Premium	\$45 Exam; \$30 Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Premium	\$45 Exam; 50% Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Premium	\$45 Exam; \$35 Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Premium	\$45 Exam; \$45-50% Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Premium	\$10 Exam; \$25 Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Premium	25% Exam; 50% Diagnose/Treatment; \$699-\$999/aid/yr Tru Hearing Premium
Diabetic Training and Supplies	20%	\$0	35%-50%	\$0	25%-50%	\$0	50%	\$0	30%	\$0	50%
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.	\$0-30%/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-\$35/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-\$10/service for preventive; Comp. up to \$3,000/yr at 50% coins.	\$0-50%/service for preventive; Comp. up to \$3,000/yr at 50% coins.
Max out of Pocket		\$6,700	\$10,000	\$6,700	\$10,000	\$6,750	\$10,100	\$6,700	\$10,000	\$6,750	\$10,100
Full LIS		\$78.80		\$127.70		\$0		\$0		\$0	
Full LIS & EPIC		\$58.66		\$124.66		\$0		\$0		\$0	

2025 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	WELLCARE TODAY'S OPTIONS							
		1-866-249-8668							
		Assist Open		Giveback Open		Premium Ultra Open		Simple Open	
PREMIUMS	\$185	\$28.30		\$0 Premium; \$73 Part B Reimbursement		\$114		\$0 Prem.	
Deductible	\$257	\$0 Ded; <i>OTC Card \$85/qtr.</i>		\$180 Ded;		\$0 Ded; <i>OTC Card \$50/qtr.</i>		\$0 Ded; <i>OTC Card \$40/qtr.</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$25	\$0	\$25	\$0	\$25	\$0	\$25
Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%	\$25	\$50	\$35	\$60	\$10	\$35	\$30	\$60
Outpatient Mental Health	20%	\$25	30%	\$35	40%	\$10	30%	\$35	30%
Outpatient Substance Abuse	20%	\$25	30%	\$25	\$50	\$10	\$35	\$25	30%
Outpatient Surgery	20%	\$250/\$400	30%	\$475/\$500	40%	\$150/\$200	30%	\$475/\$500	30%
Emergency Care	20%	\$110	\$110	\$110	\$110	\$140	\$140	\$110	\$110
Urgent Care	20%	\$35	\$110	\$40	\$110	\$35	\$140	\$35	\$110
Ambulance Services	20%	\$325	\$325	\$300	\$300	\$350	\$350	\$350	\$350
Durable Medical Equipment	20% Medicare Approved	20%	30%	20%	25%	20%	30%	20%	30%
Prosthetic Devices	20%	20%	30%	20%	40%	20%	30%	20%	30%
Cardiac Rehab	20%	\$30	30%	\$30	40%	\$15	30%	\$30	30%
X-Rays	20%	\$25	30%	\$55	40%	\$25	30%	\$35	30%
Diagnostic Services	20%	\$200/\$400	30%	\$0-\$500	40%	\$100/\$375	30%	\$100/\$500	30%
Lab Services	\$0	0-\$50	30%	0-\$50	40%	0-\$50	30%	0-\$50	30%
Radiation Therapy	20%	0-20%	30%	0-20%	40%	20%	30%	0-20%	30%
Chiropractic Care	limited coverage 20%	Chiro \$15 Accup \$0	Chiro 30% Accup \$60 Med. covered	\$15 Med. covered	40% Med. covered	\$10	30%	\$15	30%

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12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	WELLCARE TODAYS OPTIONS 1-866-249-8668							
		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
Premiums	\$185	\$28.30		\$0 Premium; \$73 Part B Reimbursement		\$114		\$0 Prem.	
Deductible	\$257	\$0 Ded. <i>OTC Card \$85/qtr.</i>		\$180 Ded.		\$0 Ded. <i>OTC Card \$50/qtr.</i>		\$0 Ded. ; <i>OTC Card \$40/qtr.</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$25	30%	\$35	40%	\$10-limits	30%-limits	\$30	30%
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%	\$25	\$40	\$35	40%	\$10-\$15	30%	\$35	30%
Inpatient Hospital	\$1,676 Deductible	\$490/day for days 1-4; \$0/day for days 5-100	\$465/day for days 1-4; \$0/day for days 5-90	\$1,810/stay for days 1-90; \$0/day for days 91-100	30%/admiss. for total cost days 1-90	\$425/day for days 1-3; \$0/day for days 4-120	20% /day for days 1-90; \$0/dday for days 91-100	\$375/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	\$1,676 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	\$425/day for days 1-3; \$0/day for days 4-90	20% of total cost for days 1-90	\$275/day for days 1-7; \$0/day for days 8-90	30%/stay; days 1-90
Skilled Nursing Facility	\$0/day days 1-20; \$209.50/day days 21-100	\$0/day for days 1-20; \$214/day for days 21-60; \$0/day for days 61-100	30%/stay; days 1-100	\$0/day for days 1-20; \$214/day for days 21-100;	30%/day; days 1-100	\$0/day for days 1-20; \$214/day for days 21-50; \$0/days for days 51-100	30%/stay; days 1-100	\$0/day for days 1-20; \$214/day for days 21-100	30%/stay; days 1-100
Home Health Care	\$0	\$0	30%	\$0	40%	\$0	30%	\$0	30%
Preventive Tests, Screenings, Shots	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dialysis	20%	20%	20%	20%	20%	20%	20%	20%	20%

2025 Medicare PPO Plans for Erie County

12/18/2024

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	\$185	\$28.30 Prem.		\$0 Premium; \$73 Part B Reimbursement		\$114		\$0	
Deductible	\$257	\$0 Ded; OTC Card \$85/qtr.		\$180 Ded.		\$0 Ded; OTC Card \$50/qtr.		\$0 Ded.; OTC Card \$40/qtr.	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$18/\$19/24%/\$100/25%; \$580 deductible for Tiers 2-5; Part B Drugs-20%	Copays \$18/\$19/24%/\$100/25%; \$580 deductible for Tiers 2-5; Part B Drugs-30%	Copays \$0/\$0/25%/44%/28%; \$420 deductible for Tiers 3-5; Part B Drugs-20%	Copays \$0/\$0/25%/44%/28%; \$420 deductible for Tiers 3-5; Part B Drugs-40%	Copays \$0/\$0/25%/49%/28%; \$420 Ded. Tiers 3-5; Part B Drugs-20%	Copays \$0/\$0/25%/49%/28%; \$420 Ded. Tiers 3-5; Part B Drugs-30%	Copays \$0/\$0/25%/40%/28%; \$420 Ded. For tiers 3-5; Part B Drugs-20%	Copays \$0/\$0/25%/40%/28%; \$420 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-\$50 copay for exam; \$100/yr eyewear coverage	40% copay for services and eyewear up to \$100/yr	\$0-\$60 copay for exam; \$100/yr eyewear coverage	40% copay for services and eyewear up to \$100/yr	\$0 Eye Exam; \$200/yr Eyewear Allowance	30%-40% copay for services and eyewear up to \$200/yr	\$0-\$60 Eye Exam; \$100/yr Eyewear Allowance	40% copay for services and eyewear up to \$100/yr
Hearing Services	20%	\$0-40%/services; \$350/yr max for 1 aid/yr	\$0-\$35 exam; \$350/yr max for 1 aid/yr/40%	\$0-\$35 exam; aids not covered	\$0-\$60/service; aids not covered	\$0-\$10 exam; \$750/yr max for 2 aids	30%-40% for services; \$750/yr max for 2 aids	\$0-40% for services; \$750/yr/aid; max 2 aids/yr	\$0-40% for services; \$750/yr/aid/40% max 2 aids/yr
Diabetic Training/Supplies	20%	\$0-20%	30%	\$0-20%	40%	\$0-20%	30%	\$0-20%	30%
Dental Coverage	Limited Coverage 20%	\$0-\$25 copay for preventive and comp.; no max	\$50-50% copay for preventive and comp.; no max	\$0-\$35 copay for preventive services only	\$60-50% copay for preventive services only	\$0 copay for preventive and comp. up to \$1,000/yr	50% copay for preventive and comp. up to \$1,000/yr	\$0-\$30 copay for preventive and comp. up to \$1,000/yr	\$60-50% copay for preventive and comp. up to \$1,000/yr
Max out of Pocket		\$8,850	\$13,300	\$8,850	\$13,300	\$3,400	\$3,400	\$8,850	\$13,300
Full LIS		\$0		\$0		Call for info		\$0	
Full LIS & EPIC		\$0		\$0		Call for info		\$0	

2025 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079					
		UHC Medicare Advantage NY-0021 Regional (PPO)		UHC Medicare Advantage Patriot No Rx NY MA02 Regional (PPO)		AARP Medicare Advantage from UHC NY-0019 (PPO)	
PREMIUMS	\$185	\$75		\$0		\$19	
Deductible	\$257	\$0		\$0 Ded; \$100/mo Reduction \$50/qtr OTC		\$0 Ded; \$40/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$58	\$0	\$58	\$0	\$58
Wellness Exam	\$0	\$0	0-50%	\$0	\$0-50%	\$0	\$0-50%
Specialty Visits	20%	\$40	\$80	\$50	\$80	\$40	\$80
Outpatient Mental Health	20%	\$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
Outpatient Surgery	20%	\$375/\$425	50%	\$445/\$495	50%	\$355/\$405	50%
Emergency Care	20%	\$110	\$0-110	\$125	\$0-125	\$110	\$0-110
Urgent Care	20%	\$45	\$0-\$45	\$55	\$0-\$55	\$45	\$0-45
Ambulance Services	20%	\$290	\$290	\$290	\$290	\$290	\$290
Durable Medical Equipment	20% Medicare Approved	20%	50%	20%	50%	20%	50%
Prosthetic Devices	20%	20%	50%	20%	50%	20%	50%
Cardiac Rehab	20%	\$0	50%	\$0	50%	\$0	50%
X-Rays	20%	\$35	\$55	\$35	\$55	\$35	\$55
Diagnostic Services	20%	\$0-\$240	50%	\$0-\$250	50%	\$0-\$175	50%
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	20%	50%	20%	50%	20%	50%
Chiropractic Care	limited coverage 20%	\$15	\$80	\$20	\$80	\$15	\$80

2025 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice					
		1-888-417-5079					
		UHC Medicare Advantage NY-0021 Regional (PPO)		UHC Medicare Advantage Patriot No Rx NY MA02 Regional (PPO)		AARP Medicare Advantage from UHC NY-0019 (PPO)	
Premiums	\$185	\$75		\$0		\$19	
Deductible	\$257	\$0		0 Ded; \$100 Reduction \$50/qtr OTC		\$0 Ded; \$40/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$30	\$80	\$45	\$80	\$35	\$80
Routine Foot Care	Not Covered	6 visits/yr=\$30 ea	6 visits/yr=\$80 ea	6 visits/yr=\$45 ea	6 visits/yr=\$80 ea	6 visits/yr=\$35	6 visits/yr=\$80
P.T., O.T. and Speech Therapy	20%	\$25	\$80	\$40	\$80	\$25-\$40	\$80
Inpatient Hospital	\$1,676 Deductible	\$405/day for days 1-5; \$0/day for days 6+ unlimited/day after	50% per stay	\$495/day for days 1-5; \$0/day for days 6+ unlimited/day after	\$595/day for days 1-20; \$0/day for days 21+; unlimited/day after	\$405/day for days 1-5; \$0/day for days 6+	\$575/day for days 1-26; \$0/day for days 27+
Inpatient Mental Health	\$1,676 Deductible	\$425/day for days 1-4; \$0/day for days 5-90	50% per stay	\$495/day for days 1-4; \$0/day for days 5-90	\$595/day for days 1-20; \$0/day for days 21-90	\$405/day for days 1-4; \$0/day for days 5-90	\$575/day for days 1-26; \$0/day for days 27-90
Skilled Nursing Facility	\$0/day days 1-20; \$209.50/day days 21-100	\$0/day for days 1-20; \$203/day for days 21-100;	\$225/day for days 1-100	\$0/day for days 1-20; \$203/day for days 21-100	\$225/day for days 1-100	\$0/day for days 1-20; \$203/days for 21-100	\$225/day for day 1-100
Home Health Care	\$0	\$0	50%	\$0	50%	\$0	50%
Preventive Tests, Screenings, Shots	\$0	\$0	0-50%	\$0	0-50%	\$0	\$0-50%
Dialysis	20%	20%	20%	20%	20%	20%	20%

2025 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079					
		UHC Medicare Advantage NY-0021 Regional (PPO)		UHC Medicare Advantage Patriot No Rx NY MA02 Regional (PPO)		AARP Medicare Advantage from UHC NY-0019 (PPO)	
Premiums	\$185	\$75		\$0		\$19	
Deductible	\$257	\$0		0 Ded; \$100 Reduction \$50/qtr OTC		\$0 Ded; \$40/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$14/\$47/\$100/26%; \$570 Deductible, Tiers 3-5; Part B-20%; Select Insulin \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$14/\$47/\$100/26%; \$570 Deductible, Tiers 3-5; Part B-50%; Select Insulin \$35; \$0/Mail Order, Tiers 1-2	Part D-not covered; select insulin \$35; Part B Drugs-20%	Part D-not covered; select insulin \$35; Part B Drugs 50%	Copays \$0/\$12/\$47/\$100/27%; \$495 Ded. For Tiers 3-5; Part B Drugs-20%; Select Insulins \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$12/\$47/\$100/27%; \$495 Ded. For Tiers 3-5; Part B Drugs-50%; Select Insulins \$35-50%; \$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 \$200yr eyewear allowance 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 \$250/yr eyewear allowance from UHC Vision	\$80 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 \$300yr eyewear allowance UHC Vision Network	\$80 Eye Exam; 50% Post-cataract Surgery Eyewear; \$0 copay \$300/yr eyewear allowance from UHC Vision Network
Hearing Services	20%	Exam-\$0/yr; \$99-\$1,249/aid per yr from UHC Hearing Network	Exam-\$80/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-\$80/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-\$80/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%
Dental Coverage	Limited Coverage 20%	\$0 preventive; \$54/mo. for optional dental coverage	\$0 preventive; \$54/mo. for optional dental coverage	\$0 preventive; \$54/mo. for optional dental coverage	\$0 preventive; \$54/mo. for optional dental coverage	\$0-50% preventive; \$54/mo. for optional dental coverage	\$0-50% preventive; \$54/mo. for optional dental coverage
Max out of Pocket		\$8,900	\$14,000	\$6,700	\$13,300	\$7,200	\$13,300
Full LIS		\$2.70		No RX		\$0	
Full LIS & EPIC		\$2.70		No RX		\$0	

2025 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-530-3857							
		Medicare Premier PPO		Medicare Eagle PPO (NO RX)		Medicare Discover Value Plan PPO		Medicare Platinum PPO	
PREMIUMS	\$185	\$0		\$0		\$25		\$139	
Deductible	\$257	\$0 Deductible		\$0 Deductible; \$45/qtr OTC \$55 Part B Reimbursement		\$0 Deductible; \$75/qtr OTC		\$0 Deductible;	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$40	\$0	\$25	\$0	\$45	\$0	\$50
Wellness Exam	\$0	\$0	0-20%	\$0	0-50%	\$0	\$0-\$40%	\$0	30%
Specialty Visits	20%	\$35	\$50	\$35	\$55	\$0-\$35	\$50	\$0	\$60
Outpatient Mental Health	20%	\$40	30%	\$40	50%	\$25	40%	\$0	30%
Outpatient Substance Abuse	20%	\$40	30%	\$40	50%	\$25	40%	\$0	30%
Outpatient Surgery	20%	\$200/\$275	30%	\$300-\$350	50%	\$200-\$300	40%	\$200/\$300	30%
Emergency Care	20%	\$110	\$110	\$100	\$100	\$110	\$110	\$60	\$60
Urgent Care	20%	\$40	\$40	\$45	\$45	\$45	\$45	\$30	\$30
Ambulance Services	20%	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Durable Medical Equipment	20% Medicare Approved	0%-20%	30%	0%-20%	50%	0%-20%	20%	\$0-20%	30%
Prosthetic Devices	20%	20%	30%	0%-20%	50%	20%	20%	\$0-20%	30%
Cardiac Rehab	20%	\$30	30%	\$30-\$45	50%	\$30	40%	\$20	30%
X-Rays	20%	\$35	30%	\$35	50%	\$25	40%	\$0	30%
Diagnostic Services	20%	\$175/\$200	30%	\$200-\$300	50%	\$150-\$200	40%	\$100/\$150	30%
Lab Services	\$0	\$0	30%	\$0	\$30	\$0	40%	\$0	30%
Radiation Therapy	20%	20%	30%	20%	50%	20%	40%	20%	30%
Chiropractic Care/ Accupuncture	limited coverage 20%	Chiro \$10 Accup \$35	Chiro 20%-30% Accup \$50	Chiro \$15 Accup \$35	Chiro 50% Accup \$55	Chiro \$15 Accup \$35	Chiro 40% Accup \$50	Chiro. \$15 Accup. \$0	Chiro. 30% Accup. \$60

2025 Medicare PPO Plans for Erie County

12/18/2024

	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-530-3857							
		Medicare Premier PPO		Medicare Eagle PPO (NO RX)		Medicare Discover Value Plan PPO		Medicare Platinum PPO	
Premiums	\$185	\$0		\$0		\$25		\$139	
Deductible	\$257	\$0 Deductible		0 Deductible; \$45/qtr OTC \$55 Part B Reimbursement		\$0 Deductible; \$75/qtr OTC		\$0 Deductible	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$10	\$50	\$35	\$55	\$5	\$50	\$0	\$60
Routine Foot Care	Not Covered	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions
P.T., O.T. and Speech Therapy	20%	25-\$35	30%	\$35-40	50%	\$25	40%	\$0	30%
Inpatient Hospital	\$1,676 Deductible	\$300/day for days 1-6; \$0/day for days 7-90	\$300/day for days 1-6; \$0/day for days 7-90	\$375/day for days 1-6; \$0/day for days 7-90	50%	\$300/day for days 1-6; \$0/day for days 7-90+	\$500/day for days 1-20; \$0/day for days 21-90+	\$250/day for days 1-5; \$0/day for days 6-90+	\$500/day for days 1-20; \$0/day for days 21-90
Inpatient Mental Health	\$1,676 Deductible	\$325/day for days 1-6; \$0/day for days 7-90	30%/stay	\$339/day for days 1-6; \$0/day for day 7-90	50%/stay	\$339/day for days 1-6; \$0/day for days 7-90	40%/stay	\$250/day for days 1-5; \$0/day for days 6-90+	30%/Stay
Skilled Nursing Facility	\$0/day days 1-20; \$209.50/day days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	30%/stay	\$0/day for days 1-20; \$203/day for days 21-100	50%/stay	\$0/day for days 1-20; \$214/day for days 21-100	40%/stay	\$10/day for days 1-20; \$214/day for days 21-100	30%/Stay
Home Health Care	\$0	\$0	30%	\$0	\$0-50%	\$0	\$0-40%	\$0	30%
Preventive Tests, Screenings, Shots	\$0	\$0	\$0-30%	\$0	\$0-50%	\$0	\$0-40%	\$0	0%-30%
Dialysis	20%	20%	50%	20%	50%	20%	50%	20%	30%

2025 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-530-3857							
		Medicare Premier PPO		Medicare Eagle PPO		Medicare Discover Value Plan PPO		Medicare Platinum PPO	
Premiums	\$185	\$0		\$0		\$25		\$139	
Deductible	\$257	\$0 Deductible		\$0 Deductible; \$45/qtr OTC \$55 Part B Reimbursement		\$0 Deductible; \$75/qtr OTC		\$0 Deductible	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$0/22%/25%/30%; \$450 deductible, Tiers 3-5; Part B Drugs-20%	Copays \$0/\$0/22%/25%/30%; \$450 deductible, Tiers 3-5; Part B Drugs-30%	Part B Covered Drugs-\$0-20%; No Part D	Part B Covered Drugs-50%; No Part D	Copays \$0/\$0/22%/25%/27%; \$450 deductible for Tiers 3-5; Part B drugs-20%	Copays \$0/\$0/22%/25%/27%; \$450 deductible for Tiers 3-5; Part B drugs-40%	Copays \$0/\$0/24%/25%/25%; \$590 Deductible For Tiers 3-5; Part B Drugs-20%	Copays \$0/\$0/24%/25%/25%; \$590 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-\$35 exam; \$195/yr. Eyewear Allowance	\$50-30% exam; \$195/yr. Eyewear Allowance	\$0-\$35 exam; \$250/yr. Eyewear Allowance	\$0-\$55/50% exam; \$250/yr. Eyewear Allowance	\$0-\$25/exam; \$300/yr Eyewear Allowance	\$50-40%/exam; \$300/yr Eyewear Allowance	\$0 exam; \$200/yr Eyewear Allowance	\$60-30% exam; \$200/yr Eyewear Allowance
Hearing Services	20%	\$0-\$35 exam; max \$1,700/yr. for 2 aids from NationsHearing	\$50 exam; aids not covered	\$0-\$35 exam; max \$1,700/yr. for 2 aids from NationsHearing	\$55 exam; aids not covered	\$0-\$25 exam; max \$1,700/yr. for 2 aids from NationsHearing	\$0-\$50 exam; aids not covered	\$0 exam; max \$1,700/yr for 2 aids from NationsHearing	\$60 exam; aids not covered
Diabetic Training/Supplies	20%	0%-20% (specific brands covered)	0%-20% (specific brands covered)	0%-20% (specific brands covered)	\$0-20%	0%-20% (specific brands covered)	\$0-20%	\$0-20%	\$0-20%
Dental Coverage	Limited Coverage 20%	\$1,750/yr. at \$0 coins max for preventive and comprehensive from Aetna Dental Network	\$1,750/yr. at 20% coins 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. at \$0 coins max for preventive and comprehensive from Aetna Dental Network	\$2,000/yr. at 20% coins max for preventive and comprehensive from Aetna Dental Network	\$1,250/yr. at \$0 coinsmax for preventive and comprehensive from Aetna Dental Network	50% co-ins; \$1,250/yr. max for preventive and comprehensive from Aetna Dental Network
Max out of Pocket		\$7,900	\$14,000	\$8,900	\$14,000	\$6,900	\$9,500	\$4,500	\$6,300
Full LIS		\$0		\$0		\$0		\$68.70	
Full LIS & EPIC		\$0		\$0		\$0		\$68.70	

2024 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-800 851-1629				Excellus - Univera 1-800-659-1986			
		Humana Choice 001		Humana Honor USAA Giveback		Senior Choice Access PPO		Senior Choice Core PPO	
PREMIUMS	\$185	\$28		\$0		\$20.90		\$217.30	
Deductible	\$257	\$280 Ded		\$0 Ded; \$75/mo Reduction \$50/qtr OTC; w/transportation		\$0 Ded; \$250/yr Flex Card		\$0 Ded	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$30	\$0	\$10	\$0	\$20	\$0	\$20
Wellness Exam	\$0	\$0	\$0-30%	\$0	\$0-30%	\$0	30%	\$0	30%
Specialty Visits	20%	\$40	\$75	\$40	\$50	\$35	\$50	\$15	\$50
Outpatient Mental Health	20%	\$40-\$100	30%	\$40-\$70	30%	20%	30%	\$15	30%
Outpatient Substance Abuse	20%	\$40-\$100	30%	\$40-\$70	30%	20%	30%	20%	30%
Outpatient Surgery	20%	\$950/\$1,000	30%	\$300/\$350	30%	\$300	30%	\$75	30%
Emergency Care	20%	\$110	\$110	\$125	\$125	\$110	\$110	\$110	\$110
Urgent Care	20%	\$45	\$45	\$55	\$55	\$45	\$45	\$30	\$30
Ambulance Services	20%	\$315	\$315	\$315	\$315	\$325	\$325	\$100	\$100
Durable Medical Equipment	20% Medicare Approved	10%	30%	16%	16%	20%	30%	20%	30%
Prosthetic Devices	20%	10%	30%	19%	30%	20%	30%	20%	30%
Cardiac Rehab	20%	\$30	30%	\$30	30%	\$0	\$50	\$0	\$50
X-Rays	20%	\$0-\$130	\$30-30%	\$0-\$90	\$10-\$55/30%	\$60	\$70	\$0	\$50
Diagnostic Services	20%	\$200-\$305	30%	\$100-\$325	30%	\$300	30%	\$50	30%
Lab Services	\$0	0-\$50	\$10-30%	\$0-\$55	\$10-\$55/30%	\$0	30%	\$0	30%
Radiation Therapy	20%	20%	20%	20%	20%	20%	30%	20%	30%
Chiropractic Care/ Accupuncture	limited coverage 20%	Chiro \$10 Accup \$40	Chiro 30% Accup \$40	Chiro \$0 Accup \$40	Chiro 30% Accup \$50	Chiro \$5 Accup 50%	Chiro \$20 Accup 50%	Chiro \$15 Accup 50%	Chiro 20 Accup 50%

2024 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-800-851-1629				Excellus - Univera 1-800-659-1986			
		Humana Choice PPO 001		Humana Honor USAA Giveback PPO		SeniorChoice Access PPO		SeniorChoice Core PPO	
Premiums	\$185	\$28		\$0		\$20.90		\$217.30	
Deductible	\$257	\$280 Ded		\$0 Ded; \$75/mo Reduction <i>\$50/qtr OTC; w/transportation</i>		<i>\$0 Ded; \$250/yr Flex Card</i>		<i>\$0 Ded</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$40	\$75	\$40	\$50	\$35	\$50	\$15	\$50
Routine Foot Care	Not Covered	\$0 for 12 visits/yr	\$0 for 12 visits/yr	\$0 for 12 visits/yr	\$0 for 12 visits/yr	\$35	\$50	\$15	\$50
P.T., O.T. and Speech Therapy	20%	\$35	30%	\$40	30%	\$35	\$50	\$15	\$50
Inpatient Hospital	\$1,676 Deductible	\$380/day for days 1-7; \$0/day for days 8-90	\$500/day for days 1-7; \$0/day for days 8-90	\$450/day for days 1-5; \$0/day for days 6-90	\$450/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+	\$100/day for days 1-5; \$0/day for days 6+	\$335/day for days 1-28; \$0/day for days 29+
Inpatient Mental Health	\$1,676 Deductible	\$290/day for days 1-7; \$0/day for days 8-90	\$500/day for days 1-14; \$0/day for days 15-90	\$450/day for days 1-5; \$0/day for days 6-90	\$450/day for days 1-7; \$0/day for days 8-90	\$315/day for days 1-5; \$0/day for days 6+	\$410/day for days 1-28; \$0/day for days 29+	\$100/day for days 1-5; \$0/day for days 6+	\$335/day for days 1-28; \$0/day for days 29+
Skilled Nursing Facility	\$0/day days 1-20; \$209.50/day days 21-100	\$10/day for days 1-20; \$214/day for days 21-100	30% of cost for days 1-100	\$0/day for days 1-20; \$196/day for days 21-100	30% for cost of days 1-100	\$0/day for days 1-20; \$214/day for days 21-100	30%/day for days 1-100	\$0/day for days 1-20; \$214/day for days 21-100	30%/day for days 1-100
Home Health Care	\$0	\$0	\$0-50%	\$0-20%	\$0-30%	\$0	30%	\$0	30%
Preventive Tests, Screenings, Shots	\$0	\$0	\$0/30%	\$0	0-\$50/30%	\$0	\$0-30%	\$0	30%
Dialysis	20%	20%	20%	20%	20%	20%	20%	20%	20%

2024 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-800-851-1629				Excellus - Univera 1-800-659-1986			
		Humana Choice 001		Humana Honor 016		SeniorChoice Access PPO		SeniorChoice Core PPO	
Premiums	\$185	\$28		\$0		\$20.90		\$217.30	
Deductible	\$257	\$280 Ded.		\$0 Ded; \$75 reduction <i>\$50/qtr OTC; w/transportation</i>		<i>\$0 Ded; \$250/yr Flex Card</i>		<i>\$0 Ded; \$30/qtr OTC</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	\$2/\$20/\$47/ 44%/25%; \$590 Ded. for Tiers 3-5; Part B Drugs-20%	\$2/\$20/\$47/ 44%/25%; \$590 Ded. for Tiers 3-5; Part B Drugs-30%	Part D Not Covered ; 20% Part D Drugs	Part D Not Covered ; 30% Part D Drugs	Copays \$0/\$12/\$42/50%/28% ; \$350 Ded for Tiers 3-5; Part B Drugs 20%	Part D Emergency Only; \$350 Ded for Tiers 3-5; Part B Drugs 30%	Copays \$0/\$5/\$42/\$95/27%; \$480 Ded for Tiers 3-5; Part B Drugs 20%	Copays \$0/\$5/\$42/\$95/27%; \$480 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-\$40 Eye Exam; \$100/yr Eyewear Allowance	\$0-\$75 Eye Exam; \$100/yr Eyewear Allowance	\$0-\$40 Eye Exam; \$250/yr Eyewear Allowance	\$0-\$50/30% Eye Exam; \$250/yr Eyewear Allowance	\$0-\$35 Routine Eye Exam INN; \$200/yr Eyewear Allowance	\$0-\$50 Routine Eye Exam OON; \$200/yr Eyewear Allowance	\$0 Routine Eye Exam; \$0-\$15 eyewear allowance limited	\$50 Routine Eye Exam; \$50-30% Eyewear Allowance limited
Hearing Services	20%	\$0-\$40 Exam; \$669-\$999/yr per aid from Nations Hearing	\$0-\$75 Exam; \$699-\$999/yr per aid 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; aids not covered	\$0 Routine Exam; member pays \$499-\$799 for Tru Hearing Aid	\$0 Routine Exam; aids not covered
Diabetic Training/Supplies	20%	\$0-20%	30%	\$0-20%	30%	\$5	30%	\$0-5	30%
Dental Coverage	Limited Coverage 20%	\$0-\$40 preventive; limited comp	\$0-\$75 preventive; limited comp	\$0-\$40 preventive and comprehensive up to \$1,000/yr max	\$0-\$50 preventive and comprehensive up to \$1,000/yr max	\$0-\$35 for Preventive/ Comp. up to \$1,000/yr allowance	\$0-\$50 for Preventive/ Comp. up to \$1,000/yr allowance	\$15/\$50 for Medicare covered services	\$0 for Preventive; no comp
Max out of Pocket		\$9,350	\$14,000	\$4,950	\$8,950	\$7,900	\$11,700	\$2,000	\$5,750
Full LIS		\$0	\$0	No RX		\$0.40		\$153.10	
Full LIS & EPIC		\$0	\$0	No RX		\$0.40		\$154.10	

2024 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900				MVP Healthcare 1-800-665-7924			
		Medicare Passport Connect PPO		Medicare Passport Access PPO		WellSelect Plus with Part D PPO		Complete Wellness PPO	
PREMIUMS	\$185	\$72.30		\$19		\$93.40		\$0	
Deductible	\$257	<i>0 Ded; \$100/qtr OTC</i>		\$0 Ded; \$45/qtr OTC		<i>\$0 Ded; 12 one-way trips/yr; \$75/qtr OTC</i>		<i>\$0 Ded.; \$50/qtr OTC; \$7.60/mo Part B Reduction</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	50%	\$0	40%	\$0	\$60	\$0	\$40
Wellness Exam	\$0	\$0	\$0-50%	\$0	40%	\$0	\$0	\$0	\$0
Specialty Visits	20%	\$40	50%	\$40	40%	\$45	\$60	\$55	\$60
Outpatient Mental Health	20%	\$35	50%	\$35	40%	\$10	\$60	\$10	\$60
Outpatient Substance Abuse	20%	\$40	50%	\$40	40%	\$10	\$60	\$10	\$60
Outpatient Surgery	20%	\$350/\$400	50%	\$350/\$375	40%	\$300/\$375	40%	15%-20%	40%
Emergency Care	20%	\$125	\$125	\$125	\$125	\$110	\$110	\$110	\$110
Urgent Care	20%	\$55	\$55	\$55	\$55	\$40	40-\$110	\$45	45-\$110
Ambulance Services	20%	\$300 ground/air	\$300 ground/air	\$275	\$275	\$225/\$400	\$225/\$400	\$300/\$500	\$300/\$500
Durable Medical Equipment	20% Medicare Approved	10%-20%	50%	10%-20%	50%	20%	40%	20%	40%
Prosthetic Devices	20%	\$0-20%	50%	20%	50%	\$0-20%	40%	20%	40%
Cardiac Rehab	20%	\$0	50%	\$0	40%	\$0	\$60	\$25	\$60
X-Rays	20%	\$45	50%	\$30	40%	\$50	\$60	20%	40%
Diagnostic Services	20%	\$225	50%	\$200	40%	\$250	40%	20%	40%
Lab Services	\$0	\$0/20% Genetic	50%	\$0-20%	40%	\$0-20%	40%	\$0-20%	40%
Radiation Therapy	20%	20%	50%	20%	50%	20%	40%	20%	40%
Chiropractic Care/ Accupuncture	limited coverage 20%	Chiro \$15 Accup 40%	50%	Chiro \$15 Accup 40%	40%	Chiro \$15 Accup 50%	Chiro \$20 Accup 50%	Chiro \$15 Accup 50%	Chiro \$40 Accup 50%

2024 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900				MVP Healthcare 1-800-665-7924			
		Medicare Passport Connect PPO		Medicare Passport Access PPO		WellSelect Plus with Part D PPO		Complete Wellness PPO	
Premiums	\$185	\$72.30		\$19		\$93.40		\$0	
Deductible	\$257	<i>\$0 Ded; \$100/qtr OTC</i>		\$0 Ded; \$45/qtr OTC		<i>\$0 Ded; \$75/qtr OTC Card ; 12 one-way trips/yr</i>		<i>\$0 Ded.; \$50/qtr OTC; \$7 Part B Reduction</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$40	50%	\$40	40%	\$45	\$60	\$55	\$60
Routine Foot Care	Not Covered	Limited	Limited	limited	limited	\$0	\$60	\$0	\$60
P.T., O.T. and Speech Therapy	20%	\$30	50%	\$25	40%	\$40	\$60	\$35	\$60
Inpatient Hospital	\$1,676 Deductible	\$325/day for days 1-6; \$0/day for days 7+; \$1,950/yr Max	50%	\$320/day for days 1-5; \$0/day for days 6+; \$1,600/yr max	40%	\$400/day for days 1-5; \$0/day for days 6+	40%	\$395/day for days 1-6; \$0/day for days 7+	40%
Inpatient Mental Health	\$1,676 Deductible	\$395/day for days 1-4; \$0/day for days 5-90	50%	\$375/day for days 1-5; \$0/day for days 6-90	40%	\$400/day for days 1-5; \$0/day for days 6+	40%	\$335/day for days 1-6; \$0/day for days 7+	40%
Skilled Nursing Facility	\$0/day days 1-20; \$209.50/day days 21-100	\$0/day for days 1-20; \$214/day for days 21-100	50%	\$0/day for days 1- 20; \$214/day for days 21-100	40%	\$0/day for days 1-20; \$214/day for days 21-100	40%	\$0/day for days 1-20; \$214/day for days 21-100	40%
Home Health Care	\$0	\$0	50%	\$0	40%	\$0	40%	\$0	40%
Preventive Tests, Screenings, Shots	\$0	\$0	50%	\$0	40%	\$0	\$0	\$0	\$0
Dialysis	20%	20%	20%-50%	20%	20%-40%	20%	20%	\$0-20%	20%-40%

2024 Medicare PPO Plans for Erie County

12/18/2024

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900				MVP Healthcare 1-800-665-7924			
		Medicare Passport Connect PPO		Medicare Passport Access PPO		WellSelect Plus with RX PPO		Complete Wellness PPO	
Premiums	\$185	\$72.30		\$19		\$93.40		\$0	
Deductible	\$257	<i>0 Ded; \$100/qtr OTC</i>		\$0 Ded; \$45/qtr OTC		\$0 Ded; 12 one-way trips/yr; <i>OTC Card \$75/qtr</i>		\$0 Ded; OTC Card \$50/qtr <i>\$7.60/mo Part B Reduction</i>	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays 25%/25%/25%/25%/25%/30%, \$575 deductible for all tiers; 20% Part B Drugs	Copays 25%/25%/25%/25%/5%/30%, \$575 deductible for all tiers; 40% Part B Drugs OON	Copays \$0/\$20/\$47/50%/27%; \$450 Ded. For tiers 3-5; 20% Part B Drugs	Copays \$0/\$20/\$47/50%/27%; \$450 Ded. For tiers 3-5; 20% Part B Drugs	Copays \$0/\$12/\$47/25%/30%; \$250 deductible for Tiers 3-5; Part B Drugs-20%	Copays \$0/\$12/\$47/25%/30%; \$250 deductible for Tiers 3-5; Part B Drugs-40%	Copays \$0/\$20/\$47/25%/26%; \$550 deduct. for Tiers 1-2; Part B Drugs-20%	Copays \$0/\$30/\$47/\$25%/26%; \$550 deduct. for Tiers 1-2; 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-\$65 Eye Exam; \$200/yr Eyewear Allowance	50% Eye Exam; \$200/yr Eyewear Allowance; Combined IN & OON	\$0-\$40 Eye Exam; \$200/yr eyewear allowance	40% Exam; \$200/yr eyewear allowance combined in and OON	\$0 Routine Eye Exam; \$45 Diagnostic Exam; 20%/ \$225/yr max eyewear allowance	\$0 Routine; \$60 Diagnostic Exam; 40%/ \$225/yr max eyewear allowance	\$0 Routine Eye Exam; \$50 Diagnostic Exam; 20%/ \$225/yr max eyewear allowance	\$0 Routine; \$60 Diagnostic Exam; 40%/ \$225/yr max eyewear allowance
Hearing Services	20%	\$0-\$30 Exam; \$45 Aid Eval. Exam; \$499-\$1,950/yr /aid for Start Hearing Network	50% Exam; Must use Start Hearing Network	\$0-\$45 Exam; \$45 aid Eval; \$499-\$1949/aid/yr for Start Hearing Network	40% Exam; Must use Start Hearing Network	\$0 Exam; \$699-\$999/yr per aid Tru Hearing	\$60 exam; aid Not Covered	\$0 Exam; \$699-\$999/yr per aid Tru Hearing	\$60 exam; aid Not Covered
Diabetic Training/Supplies	20%	\$0	50%	\$0	40%	\$0 copay for One Touch Brand	40%	\$0 copay for One Touch Brand	40%
Dental Coverage	Limited Coverage 20%	\$0 Copay for preventive; \$1,000/yr max for Comp. at 50% coins. with Liberty Dental	\$0 Copay for preventive; \$1,000/yr max for Comp. at 50% coins. with Liberty Dental	\$0 Copay for preventive; \$1,000/yr max for Comp. at 50% coins. with Liberty Dental	\$0 Copay for preventive; \$1,000/yr max for Comp. at 50% coins. with Liberty Dental	\$0 for covered services; \$1,750/yr max for preventive and comp.	\$0 for covered services; \$1,750/yr max for preventive and comp.	\$0-\$40 for covered services; \$750/yr max for preventive and comp.	\$0-\$60 for covered services; \$750/yr max for preventive and comp.
Max out of Pocket		\$6,900	\$11,300	\$6,750	\$10,100	\$7,900	\$11,800	\$8,900	\$13,500
Full LIS		\$0		\$0		\$63.70		\$0	
Full LIS & EPIC		\$0		\$0		\$63.70		\$0	