

2025 Medicare Advantage PFFS in Erie County

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Wellcare Medicare 1-844-480-0680							
		Wellcare Advantage No Premium - PFFS		Wellcare Advantage Premium Enhanced - PFFS		Wellcare Premium Enhanced PFFS		WellCare Premium Ultra PFFS	
PREMIUMS	\$185	\$0		\$40		\$47		\$136	
Deductible	\$257	\$0		\$0		\$0		\$0 Deductible; \$50/qtr OTC card	
		In	Out	In	Out	In	Out	In	Out
PCP Visits	20%**	\$5	\$15	\$0	\$10	\$10	\$25	\$0	\$10
Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$30	\$50	\$25	\$35	\$35	\$60	\$25	\$35
Outpatient Mental Health	20%	\$25	30%	\$25	30%	\$25	30%	\$25	30%
Outpatient Substance Abuse	20%**	\$25	30%	\$25	30%	\$25	30%	\$25	30%
Outpatient Surgery	20% **	\$200	30%	150/\$200	30%	\$250	30%	150/\$200	30%
Emergency Care	20% **	\$100; \$100 World Wide Coverage		\$100; \$100 World Wide Coverage		\$135; \$135 World Wide Coverage		\$135, \$135 worldwide coverage	
Urgent Care	20% **	35/\$100		35/\$100		35/\$135		35/\$135	
Ambulance Services	20% **	\$335		\$300		\$350		\$350	
Durable Medical Equipment	20% ** (must use Medicare supplier)	20%	20%	20%	30%	20%	30%	20%	30%
Prosthetic Devices	20% **	20%	20%	20%	30%	20%	30%	20%	30%
X Rays	20% **	\$0	30%	\$0	30%	\$0	30%	\$0	30%
Lab Services	\$0	0-50%	30%	\$0	30%	0-\$50	30%	\$0	30%
Radiation Therapy	20%	20%	30%	20%	30%	20%	30%	20%	30%
Diagnostic Radiology	20%	\$100/\$250	30%	\$100/\$200	30%	\$100-\$300	30%	\$100-\$200	30%
Chiropractic Care	20% limited coverage	\$15-\$30	30%	\$15-\$25	30%	\$20	30%	\$20	30%
Medically Necessary Foot Care	20% limited coverage	\$30 Certain conditions only	\$50 Certain conditions only	\$25 Certain conditions only	\$35 Certain conditions only	\$35 Certain conditions only	\$60 Certain conditions only	\$25 Certain conditions only	\$35 Certain conditions only
Routine Foot Care	NOT COVERED	*Restrictions May Apply		*Restrictions May Apply		*Restrictions May Apply		*Restrictions May Apply	
P.T.,O.T. and Speech Therapy	20% **	\$30	30%	\$15	30%	\$35	30%	\$25	30%
Cardiac Rehab	20%	\$15	30%	\$15	30%	\$20	30%	\$15	30%
Dialysis	20%	20%	30%	20%	20%	20%	20%	20%	30%

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		Wellcare Advantage Simple - PFFS		Wellcare Advantage Premium Enhanced - PFFS		Wellcare Premium Enhanced PFFS		WellCare Premium Ultra PFFS	
PREMIUMS	\$185	\$0		\$32		\$40		\$117	
Deductible	\$257	\$0		\$0		\$0		0 Deductible; \$50/qtr OTC	
		In	Out	In	Out	In	Out	In	Out
Inpatient Hospital	\$1,676 Deductible	\$325/day days 1-6, \$0/day days 7+	\$350/day days 1-7, \$0/day days 8-90	\$650 per stay	\$388/day days 1-7, \$0/day days 8-90	\$295/day days 1-5, \$0/day days 6-150	\$300/day days 1-7, \$0/day days 8-190	\$500/stay for days 1-120	\$300/day days 1-7, \$0/day days 8-120
Inpatient Mental Health*	\$1,676 Deductible	\$260/day days 1-6, \$0/day days 7-90	\$300/day days 1-7, \$0/day days 8-90	\$500 Per Stay	\$300/day days 1-7, \$0/day days 8-90	\$295/day days 1-5, \$0/day days 6-90	\$300/day days 1-7, \$0/day days 8-90	\$500 Per Stay for days 1-90	\$300/day days 1-7, \$0/day days 8-90
Skilled Nursing Facility	\$0 day days 1-20 \$209.50/day for days 21-100	\$0 day days 1-20; \$214 day days 21-60; \$0/day days 61-100	30% coins for days 1-100	\$0 day days 1-20; \$203 day days 21-70; \$0/day days 71-100	\$0 day days 1-20; \$214 day days 21-100	\$0 day days 1-20; \$203 day days 21-100; \$0/day days 41-100	\$0 day days 1-20; \$214 day days 21-100	\$0 day days 1-20; \$203 day days 21-50; \$0/day days 51-100	\$0 day days 1-20; \$214 day days 21-100
Home Health Care	\$0	\$0	30%	\$0	30%	\$0	30%	\$0	30%
Mammograms	\$0	\$0	0%	\$0	0%	\$0	0%	\$0	\$0
Bone Mass Measurement	\$0	\$0	0%	\$0	0%	\$0	0%	\$0	\$0
Colorectal Screening Exams	\$0	\$0	0%	\$0	0%	\$0	0%	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	0%	\$0	0%	\$0	0%	\$0	\$0
Prescription Drugs	20% Part B covered only NO PART D	No RX; 20% Part B Only	No RX 30% Part B Only	No RX 20% Part B Only	No RX 30% Part B Only	(Preferred) Copays \$0/\$0/25%/45%/28%; \$420 Ded. For Tiers 3-5; 20% Part B	(Standard) Copays \$5/\$10/25%/45%/28%; \$420 Ded. for Tiers 3-5; 30% Part B	Copays \$0/\$0/25%/45%/28% \$420 Ded. for Tiers 3-5; 20% Part B	Copays \$0/\$10/25%/45%/28%; \$420 Ded. for Tiers 3-5;30% Part B
Vision services	20% + 1 pair glasses/frames/contact after cataract surgery 20% + retinopathy exam 1/x yr for diabetics	\$0-\$20/\$30 copay routine exam and Medicare covered services; up to \$100/yr eyewear allowance	\$35-40% coins. OON for routine exam and Medicare covered services; up to \$100/yr eyewear allowance	\$0-\$20/\$30 copay routine exam and Medicare covered services; up to \$200/yr eyewear allowance	\$35-40% copay routine exam and Medicare covered services; up to \$200/yr eyewear allowance	\$0-\$20/\$30 copay routine exam and Medicare covered services; up to \$100/yr eyewear allowance	\$35-40% copay routine exam and Medicare covered services; up to \$100/yr eyewear allowance	\$0-\$20/\$30 copay routine exam and Medicare covered services; up to \$100/yr eyewear allowance	\$35-40% copay routine exam and Medicare covered services; up to \$100/yr eyewear allowance
Hearing Services	20%	\$0-\$20/\$35 In Network: Exams & Screenings; \$35-\$45/40% Out of Network: Exams & Screenings; \$350/ear per year hearing aid allowance/OON-40%							
Diabetic training and supplies	20%	\$0-20%	20%	\$0-20%	30%	\$0-20%	30%	\$0-20%	30%
Dental Coverage	limited coverage	\$0-\$20 copay for up to \$1,000/yr max for IN & OON services	\$35-50% copay for up to \$1,000/yr max for IN & OON services	\$0-\$20 copay for up to \$2,000/yr max for IN & OON services	\$35-50% copay for up to \$2,000/yr max for IN & OON services	\$0-\$20 copay for up to \$2,000/yr max for IN & OON services	\$35-50% copay for up to \$2,000/yr max for IN & OON services	\$0-\$20 copay for up to \$2,000/yr max for IN & OON services	\$35-50% copay for up to \$2,000/yr max for IN & OON services
Max out of Pocket		\$6,700		\$6,700		\$3,400		\$3,400	
Full LIS		No RX		No RX		\$0		?	
Full LIS & EPIC		No RX		No RX		\$0			