2025 Medicare PPO Plans for Erie County

1/29/2025

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	*0 Ded; $60/qtr OTC*		*0 Ded; $60/qtr OTC*		*0 Ded; $160/qtr OTC*		*$0 Ded; $25/qtr OTC*		*$0 Ded; $75/qtr OT*	
		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	$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

1/29/2025

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	*$0 Ded; $60/qtr OTC*		*$0 Ded; $60/qtr OTC*		*$0 Ded; $160/qtr OTC*		*$0 Ded; $25/qtr OTC*		*$0 Prem .*; $75/qtr OTC	
		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

1/29/2025

Oringinal 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	*0 Ded; $60/qtr OTC*		*0 Ded; $60/qtr OTC*		*0 Ded; $160/qtr OTC*		*$0 Ded; $25/qtr OTC*		*$0 Prem .*; $75/qtr OTC	
		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

1/29/2025

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	WELLCARE TODAYS OPTIONS 1-866-527-0056							
		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; *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
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%

2025 Medicare PPO Plans for Erie County

1/29/2025

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	WELLCARE TODAYS OPTIONS 1-866-527-0056							
		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. *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
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

1/29/2025

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	WELLCARE TODAYS OPTIONS 1-866-527-0056							
		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 eyewearup to $100/yr	$0-$60 copay for exam; $100/yr eyewear coverage	40% copay for services and eyewearup 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 eyewearup 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

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-800-555-5757					
		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

1/29/2025

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-800-555-5757					
		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

1/29/2025

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-800-555-5757					
		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

1/29/2025

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

1/29/2025

	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

1/29/2025

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 $1,7000/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

1/29/2025

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-888-873-0686				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

1/29/2025

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-888-873-0686				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** *$50/qtr OTC; w/transportation*		*$0 Ded; $250/yr Flex Card*		*$0 Ded*	
		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

1/29/2025

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-888-873-06869				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** *$50/qtr OTC; w/transportation*		*$0 Ded; $250/yr Flex Card*		*$0 Ded; $30/qtr OTC*	
		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 0ON; $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

1/29/2025

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	*0 Ded; $100/qtr OTC*		$0 Ded; $45/qtr OTC		$0 Ded; **12 one-way trips/yr;** *$75/qtr OTC*		$0 Ded.; ***$50/qrt OTC****; $7.60/mo Part B Reduction*	
		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

1/29/2025

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	*$0 Ded; $100/qtr OTC*		$0 Ded; **$45/qtr OTC**		$0 Ded; *$75/qtr OTC Card* ; **12 one-way trips/yr**		$0 Ded.; $50/qtr OTC; **$7 Part B Reduction**	
		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

1/29/2025

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	*0 Ded;* **$100/qtr OTC**		$0 Ded; **$45/qtr OTC**		$0 Ded; **12 one-way trips/yr**; *OTC Card $75/qtr*		$0 Ded; **OTC Card $50/qtr** *$7.60/mo Part B Reduction*	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays 25%/25%/ 25%/25%/30%, $575 deductible for all tiers; 20% Part B Drugs	Copays 25%/25%/25%/25%/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	