

2019 Medicare Advantage HMO Plans in Erie County

Original Medicare		Excellus Health - Univera 1-800-659-1986						Fidelis Care 1-888-343-3547				
Medical Service	Original Medicare	SeniorChoice Value	SeniorChoice Value Plus	SeniorChoice Advanced	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Select NO RX	Fidelis Medicare Flex		Fidelis Medicare Advantage NO RX		Fidelis Medicare \$0 Premium
PREMIUMS	\$135.50	\$62	\$101	\$29	\$0	\$179	\$130	\$30		\$0		\$0
		HMO	HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO-POS	HMO-POS		HMO-POS		HMO
Deductible	\$185	\$0	\$0	\$0	\$0	\$0	\$0	\$0 Deductible; \$400 Flex Benefit		\$0		\$0
								In	Out	In	Out	
PCP Visits	20%**	\$10	\$10/30%	\$10/30%	\$15	\$0/30%	\$15/30%	\$5	Not Covered	\$10	Not Covered	\$15
Annual Wellness Exam	\$0	\$0	\$0/30%	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$45	\$45/30%	\$35/30	\$40	\$40/30%	\$40/30%	\$30	50%	\$40	50%	\$45
Outpatient Mental Health	20%	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	\$30	50%	\$40	50%	\$40
Outpatient Substance Abuse	20%**	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	\$30	50%	\$40	50%	\$40
Outpatient Surgery	20%**	\$350	\$350/30%	\$375/30%	\$450	\$250/30%	\$250/30%	\$400	Not Covered	\$400	Not covered	\$400
Emergency Care	20%**	\$90	\$90/30%	\$90/30%	\$90	\$90/30%	\$90/30%	\$90	\$90	\$90	\$90	\$90
Urgent Care	20%**	\$60	\$50/30%	\$65/30%	\$65	\$50/30%	\$50/30%	\$30	\$30	\$40	\$40	\$45
Ambulance Services	20%**	\$200	\$275/30%	\$275/30%	\$300	\$150/30%	\$150/30%	\$250/trip	\$250/trip	\$250/trip	\$250/trip	\$250/trip
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	Not Covered	20%	Not Covered	20%
Prosthetic Devices	20%**	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	Not covered	20%	Not covered	20%
X-Rays	20%**	\$50	\$50/30%	\$55/30%	\$55	\$40/30%	\$40/30%	\$10	Not Covered	\$10	Not Covered	\$10
Diagnostic Radiology	20%**	\$250	\$175/30%	20%/30%	20%	\$150/30%	\$150/30%	20%	Not Covered	20%	50%	20%
Lab Services	\$0	\$8	\$8/30%	\$10/30%	\$10	\$5/30%	\$10/30%	\$20	Not Covered	\$20	Not Covered	\$20
Dialysis	20%**	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	\$30	50%	\$40	50%	\$40
Radiation Therapy	20%**	20%	20%/30%	20%/30%	20%	20%/30%	20%/30%	20%	Not Covered	20%	50%	20%
Chiropractic Care	Limited Coverage 20%**	\$7	\$7/30%	\$8/30%	\$13	\$0/30%	\$15/30/5	\$20	50%	\$20	50%	\$20
Medically Necessary Foot Care	Limited Coverage 20%**	\$45	\$45/30%	\$35/30%	\$50	\$40/30%	\$40/30%	\$30	50%	\$40	50%	\$45
Routine Foot Care	Not Covered	\$45	\$45/30%	\$35/30%	\$50	\$40/30%	\$40/30%	\$30	50%	\$40	50%	\$45
P.T., O.T. and Speech Therapy	20%**	\$40	\$40/30%	\$40/30%	\$40	\$40/30%	\$0/30%	\$30	50%	\$40	50%	\$40