

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

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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	HMO-POS	HMO-POS	HMO-POS		HMO-POS		HMO
Deductible	\$185	\$0	\$0	\$0	\$0	\$0/30%	\$0	\$0 Deductible; \$400 Flex Benefit		\$0		\$0
								In	Out	In	Out	
Inpatient Hospital	\$1,364 deductible	\$360/day for days 1-5	\$310/days for days 1-5/30%	\$360/day for days 1-5; \$0/day for days 6+/30%	\$370/day for days 1-5; \$0/day for days 6+	\$260/day for days 1-5; \$0/day for days 6+/30%	\$260/day for days 1-5; \$0/day for days 6+/30%	\$370/day for days 1-5	Not Covered	\$370/day for days 1-5	Not Covered	\$370/day for days 1-5
Inpatient Mental Health	\$1,364 deductible	\$315/day for days 1-5	\$310/day for days 1-5/30%	\$315/day for days 1-5; \$0/day for days 6+/30%	\$315/day for days 1-5; \$0/day for days 6+	\$260/day for days 1-5; \$0/day for days 6+/30%	\$260/days for days 1-5; \$0/day for days 6+/30%	\$330/day for days 1-5; \$0/day for days 6-90	Not Covered	\$330/day for days 1-5; \$0/day for days 6-90	Not Covered	\$330/day for days 1-5; \$0/day for days 6-90
Skilled Nursing Facility	\$0/day for day 1-20; \$170.50/day for days 21-100	\$0/day for days 1-20; \$172/day 21-100	\$0/day for days 1-20; \$172/day for days 21-100	\$0/days for days 1-20; \$172/day for days 21-100	\$0/days for days 1-20; \$172/day for days 21-100	\$0/day for days 1-20; \$172/day for days 21-100/30%	\$0/day for days 1-20; \$172/day for days 21-100/30%	\$0/day for day 1-20, \$165/day for days 21-100	Not Covered	\$0/day for days 1-20, \$165/day for day 21-100	Not Covered	\$0/day for days 1-20, \$165/day for day 21-100
Home Health Care	\$0	\$0	\$0/30%	\$0/30%	0/30%	\$030%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0/30%	\$0/30%	0/30%	\$030%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0/30%	\$0/30%	0/30%	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Colorectal Screening	\$0	\$0	\$0/30%	\$0/30%	0/30%	\$030%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0/30%	\$0/30%	0/30%	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$45	\$45/30%	\$35/30%	\$50	\$40/30%	\$40/30%	\$30	50%	\$40	50%	\$40

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	Senior Choice 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	
Prescription Drugs	20% Part B covered on NO PART D	Copays \$0/\$10/\$47/\$100/33%, no deductible, Part B Drugs 20%	Copays \$0/\$10/\$47/\$100/33%; no deductible, Part B Drugs 20%/30%	Copays \$0/\$14/\$47/\$100/30%; \$150 deductible for Tiers 3-5; Part B Drugs 20%	Copays \$0/\$14/\$47/\$100/26%; \$360 deductible for Tiers 3-5; Part B Drugs 20%	Copays \$0/\$5/\$47/\$100/33%, no deductible, Part B Drugs 20%/30%	Part B Drugs 20%; No Part D/30%	Copays \$0/\$15/22%/33%/25%, \$415 deductible; Part B Drugs-20%	Copays \$0/\$15/22%/33%/25%, \$415 deductible; Part B Drugs-20%	Part B Drugs-20%, No Part D	Part B Drugs-20%, No Part D	Copays \$5/\$20/\$47/\$100/33%. No deductible, Part B Drugs-20%
Vision Services	20% + for glasses, frames, or contact lens post cataract surgery; 20%+ for retinopathy exam 1/year for diabetics	\$0 Routine Exam, \$75 eyewear allowance	\$0 Routine Exam, \$75 eyewear allowance/ 30%	\$0 Routine Exam, \$50 eyewear allowance	\$0 Routine Exam, no eyewear allowance	\$0 Routine Exam; \$120 eyewear allowance/30%	\$0 Routine Exam, \$120 eyewear allowance/30%	\$0-\$30 Routine Eye Exam, Flex Benefit Routine Eyewear	Routine Eye Exam- NOT Covered, Flex Benefit Routine Eyewear	\$0-\$40 Routine Eye Exam	Not Covered	\$0-\$45 Routine Eye Exam, \$50 Eyewear Allowance
Hearing Services	20%	\$45 Routine Exam, member pays \$699-\$999 for TruHearing brand aid	\$45 Routine Exam, Member Pays \$699-\$999 for TruHearing brand aid/not covered	\$45 Routine Exam, member pays \$699-\$999 for TruHearing brand aids/not covered	\$45 Routine Exam, member pays \$699-\$999 for TruHearing brand aids	\$45 Routine Exam, Member pays \$699-\$999 for TruHearing brand aids/not covered	\$40 Routine Exam, member pays \$699-\$999 for TruHearing brand aid/not covered	\$0 Exam, No Hearing Aid Coverage	50% Exam, No Hearing Aid Coverage	\$0 Exam, No Hearing Aid Coverage	50% Exam, No Hearing Aid Coverage	\$0 Exam, No Hearing Aid Coverage
Diabetic Training and Supplies	20%	\$5	\$5/30%	\$5/30%	\$5	\$5/30%	\$5/30%	\$0	Training \$0 Supplies: Not Covered	\$0	Training \$0 Supplies: Not Covered	\$0
Dental Coverage	Limited Coverage	2 routine exams, cleaning, X rays/yr	2 cleanings, exams, X-rays, \$0 co-pay in network	2 cleanings, X-rays, exams, \$0 in network	No Coverage	2 cleanings, X-rays, exams, \$0 in network	2 routine exams, cleaning, X-rays, 30% coon	\$0 Exam; Fluoride & Cleaning 1x/yr., X-ray: once every 2 yrs.	Not Covered	Not Covered		\$0 Exam, Fluoride & Cleaning 1x/yr, X-ray: once every 2 yrs.
Max out of Pocket		\$6,700	\$6,000	\$6,700	\$6,700	\$5,500	\$5,500	\$6,700		\$6,700		\$6,700
With Full LIS		\$22.70	\$61.70	\$0	\$0	\$139.10	NO RX	\$0		NO RX		\$0
With Full LIS & EPIC		\$0	\$22.37	\$0	\$0	\$99.77	NORX	\$0		NO RX		\$0

2019 Medicare Advantage HMO Plans in Erie County

Original Medicare		MVP Health 1-888-280-6205				Wellcare 1-800-278-5155			BlueCross Blue Shield 1-800-248-9296			
Medical Service	Original Medicare	Preferred Gold		Gold Secure		Wellcare Advance NO RX	Wellcare Essential	Wellcare Value	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver
Medical Service	\$135.50	\$196.50		\$25		\$0	\$0	\$0	\$0	\$119	\$54	\$0
		HMO-POS		HMO-POS		HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$185	\$0	\$0	\$0	\$0	\$0	\$190	\$190	\$0	\$0	\$0	\$0
		IN	OUT	IN	OUT							
PCP Visits	20%**	\$15	30%	\$15	30%	\$10	\$0	\$10	\$10	\$0	\$10	\$15
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$40	30%	\$50	30%	\$35	\$40	\$50	\$45	\$25	\$30	\$40
Outpatient Mental Health	20%	\$40	30%	\$40	30%	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Outpatient Substance Abuse	20%**	\$40	30%	\$30	30%	\$40	\$40	\$40	50%	50%	50%	50%
Outpatient Surgery	20%**	\$150 Ambulatory \$300 Hospital	30%	\$300 Ambulatory \$400 Hospital	30%	\$50 Ambulatory 20% Hospital	\$100 Ambulatory 20% Hospital	\$100 Ambulatory 20% Hospital	\$225 Ambulatory \$300 Hospital	\$225 Ambulatory \$300 Hospital	\$300 Ambulatory \$375 Hospital	\$450 Ambulatory \$500 Hospital
Emergency Care	20%**	\$90	30%	\$90	30%	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Urgent Care	20%**	\$50	30%	\$65	30%	\$25	\$25	\$25	\$65	\$65	\$65	\$65
Ambulance Services	20%**	\$150	30%	\$200	\$30	\$100	\$215	\$200	\$150	\$125	\$200	\$300
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	30%	20%	30%	20%	18%	20%	\$0-20%	\$0-20%	\$0-20%	\$0-20%
Prosthetic Devices	20%**	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
X-Rays	20%**	\$40	30%	\$60	30%	\$0	\$0	\$0	\$45	\$40	\$50	\$50
Diagnostic Radiology	20%	\$100	30%	\$150	30%	\$75	\$75	\$150	\$75	\$75	\$200	\$200
Lab Services	\$0	\$10	30%	\$10	30%	\$0	\$0	\$0	\$0	\$5	\$10	\$10
Dialysis	20%	20%	30%	20%	30%	20%	20%	20%	20%	20%	20%	20%
Radiation Therapy	20%	20%	30%	20%	30%	\$35/20%	\$40/20%	\$45/20%	\$45	\$40	\$50	\$50
Chiropractic Care	20%** Limited Coverage	\$20	Not Covered	\$20	Not Covered	\$0	\$0	\$0	\$20	\$20	\$20	\$20
Medically Necessary Foot Care	20%** Limited Coverage	\$40	30%	\$50	30%	\$35	\$40	\$50	\$45	\$25	\$30	\$40
Routine Foot Care	NOT COVERED	\$40	30%	\$50	30%	NOT COVERED	NOT COVERED	NOT COVERED	\$45	\$25	\$30	\$40
P.T., O.T. and Speech Therapy	20%**	\$20	30%	\$40	30%	\$35	\$40	\$40	\$15	\$15	\$35	\$40

2019 Medicare Advantage HMO Plans in Erie County

Original Medicare		MVP Health 1-888-280-6205				Wellcare 1-800-278-5155			BlueCross Blue Shield 1-800-248-9296			
Medical Service	Original Medicare	Preferred Gold		Gold Secure		Wellcare Advance NO RX	Wellcare Essential	Wellcare Value	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver
Medical Service	\$135.50	\$196.50		\$25		\$0	\$0	\$0	\$0	\$119	\$54	\$0
		HMO-POS		HMO-POS		HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$185	\$0	\$0	\$0	\$0	\$0	\$190	\$190	\$0	\$0	\$0	\$0
		IN	OUT	IN	OUT							
Inpatient Hospital	\$1,364 deductible	\$350/day for days 1-5, \$0/day for days 6+	30%	\$350/day for days 1-5, \$0/day for days 6+	30%	\$300/day for day 1-5, \$0/day for days 6-90	\$300/day for day 1-5, \$0/day for day 6-90	\$400/day for days 1-3, \$0/day for days 4-90	\$280/days for days 1-7, \$0/day for days 8-90	\$225/day for days 1-7, \$1575 max OOP/yr.	\$290/day for days 1-7, \$2030 max OOP/yr.	\$360/days for days 1-5, \$1800 max OOP/yr.
Inpatient Mental Health	\$1,364 deductible	\$295/day for days 1-5, \$0/day for days 6+	Not Covered	\$495/days for days 1-3, \$0/days for days 6+	Not Covered	\$300/day for days 1-4, \$0/day for days 5-90	\$350/day for days 1-4, \$0/day for days 5-90	\$405/day for days 1-4, \$0/day for days 5-90	\$260/day for days 1-6, \$0/days for days 8-90	\$215/day for days 1-6, \$1290 max OOP/yr.	\$260/day for days 1-6, \$1560 max OOP/yr.	\$395/day for days 1-4, \$1560 max OOP/yr.
Skilled Nursing Facility	\$0/day for days 1-20, \$170.50/day for days 21-100	\$0/day for days 1-20, \$172/day for days 21-100	Not Covered	\$0/day for days 1-20, \$172/day for days 21-100	Not Covered	\$0/day for days 1-20, \$164.50/day for days 21-100	\$0/day for days 1-20, \$164.50/day for days 21-100	\$0/day for days 1-20, \$164.50/day for days 21-100	\$0/day for days 1-20, \$167.50 for days 21-100	\$0/days for day 1-20, \$172/day for days 21-100	\$0/days for day 1-20, \$172/day for days 21-100	\$0/days for day 1-20, \$172/day for days 21-100
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flue, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$40	30%	\$30	30%	\$35	\$40	\$45	\$15	\$5	\$15	\$5

2019 Medicare Advantage HMO Plans in Erie County

Original Medicare		MVP Health 1-888-280-6205				Wellcare 1-800-278-5155			BlueCross Blue Shield 1-800-248-9296			
Medical Service	Original Medicare	Preferred Gold		Gold Secure		Wellcare Advance NO RX	Wellcare Essential	Wellcare Value	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver
Medical Service	\$135.50	\$196.50		\$25		\$0	\$0	\$0	\$0	\$119	\$54	\$0
		HMO-POS		HMO-POS		HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$185	\$0	\$0	\$0	\$0	\$0	\$190	\$190	\$0	\$0	\$0	\$0
		IN	OUT	IN	OUT							
Prescription Drugs	20% Part B covered only; No Part D	Copays \$0/\$10/\$40/27%/33%, Part B Drugs-20%	Copays \$0/\$10/\$40/27%/33%, Part B Drugs-20%	Copays \$0/\$12/\$47/27%/25%, \$400 deductible for Tiers 3-5 Part B Drugs-20%	Copays \$0/\$12/\$47/27%/25%, \$400 deductible for Tiers 3-5; Part B Drugs-20%	NO RX Benefit Part B Drugs-20%	Copays \$0/\$15/\$47/48%/33% Part B Drug -20%	Copays \$0/\$12/\$47/48%/33% Part B Drugs-20%	No RX Benefit, Part B Drugs-20%	Copays \$4/\$10/\$42/\$94/33%; Part B Drug-20%	Copays \$2/\$10/\$42/\$94/29%, \$195 Deductible for Tiers 3-5; Part B Drugs-20%	Copays \$2/\$12/\$42/\$85/27%, \$290 deductible for Tiers 3-5; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses, frames, or contact lens after cataract surgery, 20% + coverage for retinopathy exam 1/year for diabetics	\$20 Routine/Other Eye Exams, Plan Pays up to \$175 every 2 yrs. for Routine Eyewear	30%	\$20 Routine/Other Eye Exams	30%	\$0 Routine Eye Exam, \$35 Other Exams, Plans Pay up to \$100/yr. for Routine Eyewear	\$0 Routine Eye Exam, \$40 Other Exams, Plans Pay up to \$200/yr. for Routine Eyewear	\$0 Routine Eye Exam, \$50 Other Exams, Plans Pay up to \$100/yr. for Routine Eyewear	\$25 Routine Eye Exam, \$45 Other Exams, Plan Pays up to \$100/yr. for Routine Eyewear	\$25 Routine Eye Exam, \$35 Other Exams, Plan Pays up to \$100/yr. for Routine Eyewear	\$25 Routine Eye Exam, \$50 Other Exams, Plan Pays up to \$100/yr. for Routine Eyewear	\$41 Routine eye Exam, \$41 Other Exams, No eyewear coverage
Hearing Services	20%	\$40 Exam, \$499-\$799 copay for hearing aid	Not covered	\$50 Exam, \$699-\$999 copay for hearing aid	Not Covered	\$0 Exam, \$35 diagnose/treatment, \$350/yr. toward hearing aid	\$75 diagnosis, \$750 hearing aid benefit/ear	\$75 diagnose, \$750 hearing aid benefit/ear	\$45 Exam, \$45 diagnose/treatment, \$699-\$999/yr. toward hearing aid	\$45 Exam, \$25diagnose/treatment, \$699-\$999/yr. toward hearing aid	\$45 exam, \$30 diagnose/treatment, \$699-\$999/yr. toward hearing aid	\$45 exam, \$40 diagnose/treatment, \$699-\$999/yr. toward hearing aid
Diabetic Training and Supplies	20%	Training \$0, Supplies 10%	30%	Training \$0, Supplies 20%	30%	20% supplies, \$0 training	\$0 training, 20% shoes/inserts 20% supplies	Training \$0, Supplies 20%, Shoes/Inserts 20%	Training \$0, Supplies \$0, Shoes/Inserts \$0	Training \$0, Supplies \$0, Shoes/Inserts \$0	Training \$0, Supplies \$0, Shoes/Inserts \$0	Training \$0, Supplies \$0, Shoes/Inserts \$0
Dental Coverage	Limited Coverage	\$300 Annual Preventive Dental	Not Covered	Not Covered	Not covered	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to \$750/yr	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to \$500/yr	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to \$500/yr	\$45 Limited *Optional Coverage Available; Preventive dental \$10	\$25 Limited; *Optional Coverage Available; Preventive Dental \$10	\$30 Limited *Optional Coverage Available; Preventive dental \$10	\$41 Limited *Optional Coverage Available; Preventive dental \$10
Max out of Pocket		\$6,700	None	\$6,700	None	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700
With Full LIS		\$159.20		\$1.10		NO RX	\$0	\$0	NO RX	\$90.20	\$14.70	\$0
With Full LIS & EPIC		\$136.40		\$1.10		NO RX	\$0	\$0	NO RX	\$65.90	\$0	\$0

2019 Medicare Advantage HMO Plans in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 716-635-4900			United Healthcare 716-870-6663	Aetna 1-833-859-6031
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	AARP Medicare Complete	Medicare Value Plan
PREMIUMS	\$135.50	\$0	\$65	\$125	\$0	\$0	\$0
		HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$185	\$0	\$0	\$0	\$0	\$0	\$0
PCP Visits	20%**	\$0	\$0	\$0	\$0	\$15	\$10
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$40	\$50	\$30	\$10	\$40	\$40
Outpatient Mental Health	20%	\$40	\$40	\$40	\$40	\$40	\$40
Outpatient Substance Abuse	20%**	\$40	20%	\$40	45%	\$40	\$40
Outpatient Surgery	20%**	\$250 Ambulatory; 20% Hospital	\$300 Ambulatory \$400 Hospital	\$225 Ambulatory \$325 Hospital	\$100	\$395	\$300
Emergency Care	20%**	\$90	\$90	\$90	\$90	\$90	\$90
Urgent Care	20%**	\$30	\$65	\$65	\$65	\$30-\$40	\$40
Ambulance Services	20%**	\$200	\$225	\$225	\$150	\$250	\$265
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%	20%	20%	20%	20%	20%
Prosthetic Devices	20%**	20%	20%	20%	20%	20%	20%
X-Rays	20%**	\$0	\$50	\$30	\$25	\$14	\$50
Diagnostic Radiology	20%**	20%	\$175	\$150	\$50	20%	20%
Lab Services	\$0	\$0	\$15 or 20%	\$0 or 20%	\$0 or 20%	\$7	\$0
Dialysis	20%**	20%	20%	20%	10%	20%	20%
Radiation Therapy	20%**	20%	20%	20%	20%	20%	20%
Chiropractic Care	Limited Coverage 20%**	\$20	\$20	\$15	\$10	\$20	\$20
Medically Necessary Foot Care	Limited Coverage 20%**		\$50	\$30	\$10	\$40	\$40
Routine Foot Care	Not Covered	Not Covered	\$50	\$30	\$10	\$40	\$40
P.T., O.T. and Speech Therapy	20%**	\$40	\$20	\$15	\$10	\$40	\$40

2019 Medicare Advantage HMO Plans in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 716-635-4900			United Healthcare 716-870-6663	Aetna 1-833-859-6031
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	AARP Medicare Complete	Medicare Value Plan
PREMIUMS	\$135.50	\$0	\$65	\$125	\$0	\$0	\$0
		HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$185	\$0	\$0	\$0	\$0	\$0	\$0
							IN
Inpatient Hospital	\$1,364 deductible	\$305/day for days 1-6; \$0 for days 7-91+	\$375/day for days 1-4, \$0/day for days 5-90+	\$250/day for days 1-6, \$0/day for days 7-90+	\$200/day for days 1-5, \$0/day for days 6-90+	\$395/day for days 1-4; \$0/day for days 5+	\$370/day for days 1-5; \$0/day for days 6-90+
Inpatient Mental Health	\$1,364 deductible	\$305/day for days 1-6; \$0 for days 7-90	\$375/day for days 1-4, \$0/day for days 5-90+	\$250/day for days 1-6, \$0/day for days 7-90+	\$200/day for days 1-5, \$0/day for days 6-90+	\$395/day for days 1-4, \$0 for days 5-90	\$1,616 per Stay
Skilled Nursing Facility	\$0/day for days 1-20; \$170.50/day for days 21-100	\$0/day for days 1-20, \$160/day for days 21-100	\$0/day days 1-20, \$172/day for days 21-100	\$0/day for days 1-20, \$172/day for days 21-100	\$0/day for days 1-20, \$172/day for days 21-100	\$0/day for days 1-20, \$160/day for days 21-62, \$0/day for days 63-100	\$0/day for days 1-20; \$172/day for days 21-100
Home Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$40	36 Sessions-\$0	36 Sessions-\$0	36 Sessions-\$0	\$20	\$40

2019 Medicare Advantage HMO Plans in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 716-635-4900			United Healthcare 716-870-6663	Aetna 1-833-859-6031
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	AARP Medicare Complete	Medicare Value Plan
PREMIUMS	\$135.50	\$0	\$65	\$125	\$0	\$0	\$0
		HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$185	\$0	\$0	\$0	\$0	\$0	\$0
							IN
Prescription Drugs	20% Part B covered only; No Part D	Copays \$5/\$47/\$100/25%, \$395 deductible for Tiers 2-5; Part B Drugs-20%	Copays \$0/\$20/\$47/\$100/29%, \$150 deductible for Tiers 3-5, Part B Drugs-20%	Copays \$0/\$15/\$47/\$100/32%, \$50 deductible for Tiers 3-5, Part B Drugs-20%	No RX Benefit Part B Drugs-20%	Copays \$3/\$12/\$47/\$100/26%, \$395 deductible for Tiers 3-5, Part B Drugs-20%	Copays \$2/\$5/\$47/\$100/29%; \$195 deductible for Tiers 3-5; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses, frames, or contact lens after cataract surgery, 20%+ for retinopathy exam 1/year for diabetics	\$40 Routine Eye Exam; \$150 Routine Eyewear/every 2 yrs.	\$0 Routine Eye Exam, \$150 Routine Eyewear	\$0 Routine Eye Exam, \$200 Routine Eyewear	\$0 Routine Eye Exam, \$200 Routine Eyewear	\$0 Routine Eye Exam/yr.	\$0 Routine Exam/yr: Optional coverage available
Hearing Services	20%	\$40 Exam, hearing aides not covered	\$45 Exam, \$699-\$999 per ear for hearing aid	\$45 Exam, \$599-\$999 per ear for hearing aid	\$45 Exam, \$699-\$999 per ear for hearing aid	\$15 Exam, \$330-\$380 per ear for hearing aid	\$0 Routine Exam: Optional Coverage Available
Diabetic Training and Supplies	20%	\$0	Training \$0 Supplies \$0-\$10	Training \$0 Supplies \$0-\$10	Training \$0 Supplies \$0-\$10	Training \$0; Supplies \$0/20%	0-20%
Dental Coverage	Limited Coverage	Preventive-\$0; Comprehensive limited-\$0	\$20: 2 routine cleanings, exams & bitewing X-rays/yr.; 1 full mouth every 36 mos.	\$0: 2 routine cleanings, exams & bitewing X-rays/yr.; 1 full mouth every 36 mos.	\$0: 2 routine cleanings, exams & bitewing X-rays/yr.; 1 full mouth every 36 mos.	Not covered; Optional Coverage Available	Limited: Optional Coverage Available
Max out of Pocket		\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700
With Full LIS			\$25.70	\$85.70	NO RX	\$0	\$0
With Full LIS and EPIC			\$6.10	\$46.37	NO RX	\$0	\$0