

## 2019 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE          |  | Wellcare Liberty<br>1-866-527-0057 | Wellcare Access<br>1-866-527-0057 | Fidelis Dual Advantage<br>1-888-343-3547 | Fidelis Dual Advantage<br>Flex<br>1-888-343-3547 | Kalos Health<br>Gold Plus<br>1-800-399-1954 |
|----------------------------|--|------------------------------------|-----------------------------------|--|--|---|
|                            |  | (HMO SNP)                          | (HMO SNP)<br>MA & QMB             | (HMO SNP)                                | (HMO SNP)<br>MA & QMB                            | (HMO SNP)                                   |
| <b>PREMIUMS</b>            | \$135.50                                       | \$0                                | \$0                               | \$0                                      | \$0  | \$0   |
| <b>Deductible</b>          | \$185  | \$75/month OTC card                | \$65/month OTC card               | \$25/month OTC Benefit                   | \$100/month OTC card                             | \$75/month OTC benefit                      |
| PCP Visits                 | 20%**  | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Wellness exam              | \$0  | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Specialty Visits           | 20%**  | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Outpatient Mental Health   | 40%  | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Outpatient Substance Abuse | 20   | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Outpatient Surgery         | 20% **   | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Emergency Care             | 20% **   | \$0                                | \$0                               | \$0                                      | \$0-20% Worldwide                                | \$0   |
| Urgent Care                | 20% **   | \$0                                | \$0                               | \$0                                      | \$0-20% Worldwide                                | \$0   |
| Ambulance Services         | 20% **   | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Durable Medical Equipment  | 20% ** (must use supplier enrolled w/Medicare) | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Prosthetic Devices         | 20% **   | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Diagnostic Radiology       | 20%  | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| X Rays                     | 20% **   | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Lab Services               | \$0  | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Dialysis                   | 20%  | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Radiation Therapy          | 20%  | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |
| Chiropractic Care          | limited coverage 20% **                        | \$0                                | \$0                               | \$0                                      | \$0-20%  | \$0   |

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|-------------------------------|--------------------------------------|--|-----------------------------------|--|---|---|
|                               |                                      | <b>(HMO SNP)</b>                                       | <b>(HMO SNP)<br/>MA &amp; QMB</b> | <b>(HMO SNP)</b>                         | <b>(HMO SNP)<br/>MA &amp; QMB</b>   | <b>(HMO SNP)</b>  |
| <b>PREMIUMS</b>               | \$135.50                             | \$0  | \$0                               | \$0                                      | \$0   | \$0   |
| <b>Deductible</b>             | \$185                                | \$75/month OTC card                                    | 65/month OTC card                 | \$25/month OTC Benefit                   | \$100/month OTC card  | \$75/month OTC Benefit  |
| Transportation                | NOT COVERED                          | \$0 (12 one-way trips/yr for RX and fitness locations) | NOT COVERED                       | \$0                                      | \$0 (14 one-way or 7 r/t trips/yr)  | \$0   |
| Medically Necessary Foot Care | limited coverage 20%                 | \$0  | \$0                               | \$0                                      | \$0-20%   | \$0   |
| Routine Foot Care             | NOT COVERED                          | Not Covered  | Not Covered                       | \$0                                      | \$0-20%   | \$0   |
| P.T.,O.T. and Speech Therapy  | 20% **                               | \$0  | \$0                               | \$0                                      | \$0-20%   | \$0   |
| Inpatient Hospital            | \$1,364 deductible                   | \$0  | \$0                               | \$0                                      | \$0 or \$1,364 deductible for days 1-60;<br>\$335/day for days 61-90<br>\$670/day for days 91-150 | \$0 or \$1,364 deductible for days 1-60;<br>\$335/day for days 61-90<br>\$670/day for days 91-150 |
| Inpatient Mental Health*      | \$1,364 deductible                   | \$0  | \$0                               | \$0                                      |   |   |
| Skilled Nursing               | 0 days 1-20,<br>\$170.50 days 21-100 | \$0/day days 1-100                                     | \$0/day days 1-100                | \$0/day days 1-100                       | \$0/day days 1-20<br>\$170.50/day for days 21-100   | \$0/day for days 1-100  |
| Home Health Care              | \$0                                  | \$0  | \$0                               | \$0                                      | \$0   | \$0   |
| Mammograms                    | \$0                                  | \$0  | \$0                               | \$0                                      | \$0   | \$0   |
| Bone Mass                     | \$0                                  | \$0  | \$0                               | \$0                                      | \$0   | \$0   |
| Colorectal Screening Exams    | \$0                                  | \$0  | \$0                               | \$0                                      | \$0   | \$0   |
| Flu, Pneumonia & Hepatitis B  | \$0                                  | \$0  | \$0                               | \$0                                      | \$0   | \$0   |

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|--------------------------------|---|--|---|--|--|---|
|                                |   | (HMO SNP)  | (HMO SNP)<br>MA & QMB                             | (HMO SNP)  | (HMO SNP)<br>MA & QMB  | (HMO SNP)                                   |
| <b>PREMIUMS</b>                | \$135.50  | \$0  | \$0   | \$0  | \$0  | \$0   |
| <b>Deductible</b>              | \$185   | \$75/month OTC card                                      | \$65/month OTC card                               | \$25/month OTC Benefit   | \$100/month OTC card   | \$75/month OTC Benefit                      |
| Prescription Drugs             | 0%-20% Part B covered only; NO PART D   | \$0/\$1.25/\$3.80;<br>0% Part B                          | \$0/\$1.25/\$3.40/<br>\$3.80/\$8.50<br>\$0 Part B | Copays \$0/ \$1.25/ \$3.80;<br>\$0 Part B  | Copays \$0/\$1.25/\$3.40/<br>\$3.80/ \$8.50<br>No Deductible Part B:<br>\$0-20%                          | Copays \$0/\$1.25/\$3.40;<br>0% Part B      |
| Vision Services                | 20% + for 1 pair glasses/frames/contact lens after cataract surgery<br>20% + coverage for retinopathy exam 1 per yr for diabetics | \$0 Exams;\$200 routine eyewear allowance                | \$0 Exams;\$100 routine eyewear allowance         | \$0 :post cataract glasses/contacts;\$0:glasses /contacts every two years;\$0:Medicare covered exam yearly | \$0 :post cataract glasses/contacts;\$0: glasses/contacts yearly;<br>\$0:Medicare covered routine exam   | \$0   |
| Hearing Services               | 40% + Medically necessary exams only no aides   | \$0 Exams<br>\$350 Hearing Aid Allowance                 | \$0 Exams<br>\$350 Hearing Aid Allowance          | \$0 Routine Exams  | \$0-20% Routine Exams  | \$0 Routine Exams<br>\$500 max. benefit /yr |
| Diabetic training and supplies | 20%   | \$0  | \$0   | 0%   | \$0-20%  | \$0   |
| Dental Coverage                | limited coverage  | \$0: 2 Exams, 2 Cleanings per yr, 1 x-ray every 1-3 yrs. | Not Covered                                       | \$0 Exam, Cleaning, Flouride Treatment 1x/yr, X-ray every 2 yrs.   | Limited; \$0 Exam & Cleaning 1/yr; X-ray every 2 yrs.; sedation; no flouride (DentaQuest providers only) | \$0-20% Limited Coverage                    |
| With full LIS                  |   | \$0  | \$0   | \$0  | \$0  | \$0   |
| With full LIS & EPIC           |   | \$0  | \$0   | \$0  | \$0  | \$0   |
| Max Out Of Pocket              |   | \$6,700  | \$6,700   | \$6,700  | \$6,700  | \$6,700                                     |

## 2019 Medicare Special Needs Plans for Erie County

| ORIGINAL MEDICARE          |  | United Health Care<br>Dual Complete<br>1-877-505-9101 | United Healthcare NHP<br>1-877-505-9101 | Centers Plan NHC<br>1-844-274-5227 | Independent Health<br>Medicare Family Choice<br>716-635-4900 | Nacentia<br>1-888-477-4663 |
|----------------------------|--|---|---|------------------------------------|--|----------------------------|
|                            |  | (HMO SNP)<br>MA & QMB                                 | Institutional with MA                   | Institutional with MA              | Institutional with MA  | HMO SNP                    |
| <b>PREMIUMS</b>            | \$135.50                                       | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| <b>Deductible</b>          | \$185  | \$0   | \$0                                     | \$0                                | \$0  | \$0; \$58/mo OTC card      |
| PCP Visits                 | 20%**  | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Wellness exam              | \$0  | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Specialty Visits           | 20%**  | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Outpatient Mental Health   | 40%  | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Outpatient Substance Abuse | 20   | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Outpatient Surgery         | 20% **   | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Emergency Care             | 20% **   | \$0 (worldwide)                                       | \$0                                     | \$0                                | \$0  | \$0                        |
| Urgent Care                | 20% **   | 0 (worldwide)   | \$0                                     | \$0                                | \$0  | \$0                        |
| Ambulance Services         | 20% **   | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Durable Medical Equipment  | 20% ** (must use supplier enrolled w/Medicare) | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Prosthetic Devices         | 20% **   | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Diagnostic Radiology       | 20%  | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| X Rays                     | 20% **   | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Lab Services               | \$0  | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Dialysis                   | 20%  | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Radiation Therapy          | 20%  | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |
| Chiropractic Care          | limited coverage<br>20% **                     | \$0   | \$0                                     | \$0                                | \$0  | \$0                        |

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|-------------------------------|--|--|--|---|--|-------------------------------|
|                               |  | (HMO SNP)<br>MA & QMB                                  | Institutional with MA                    | Institutional with MA                                   | Institutional with MA  | HMO SNP                       |
| <b>PREMIUMS</b>               | \$135.50                               | \$0  | \$0                                      | \$0   | \$0  | \$0                           |
| <b>Deductible</b>             | \$185                                  | \$0  | \$0                                      | \$0   | \$0  | <b>0; \$58/month OTC card</b> |
| Transportation                | NOT COVERED                            | \$0 (48 one-way trips/yr)                              | \$0 (18 one-way trips/yr)                | Not Covered   | \$0 (20 one-way trips/yr)                                    | \$0 (24 one-way trips/yr)     |
| Medically Necessary Foot Care | limited coverage<br>20% **             | \$0  | \$0                                      | \$0: exams/ treatment for diabetes-related nerve damage | \$0  | \$0                           |
| Routine Foot Care             | NOT COVERED                            | \$0 (4 visits/yr)                                      | \$0 (2 visits/yr)                        | \$0 (10 visits/yr)                                      | \$0 (7 visits)   |                               |
| P.T.,O.T. and Speech Therapy  | 20% **                                 | \$0  | \$0                                      | \$0   | \$0  | \$0                           |
| Inpatient Hospital            | \$1,364 deductible                     | \$0/day for days 1-90                                  | \$0                                      | \$0   | \$0  | \$0                           |
| Inpatient Mental Health*      | \$1,364 deductible                     | \$0/day for days 1-90                                  | \$0                                      | \$0   | \$0  | \$0                           |
| Skilled Nursing               | \$0 days 1-20,<br>\$170.50 days 21-100 | \$0/day for days 1-100                                 | \$0                                      | \$0   | \$0  | \$0                           |
| Home Health Care              | \$0                                    | \$0  | \$0                                      | \$0   | \$0  | \$0                           |
| Mammograms                    | \$0                                    | \$0  | \$0                                      | \$0   | \$0  | \$0                           |
| Bone Mass                     | \$0                                    | \$0  | \$0                                      | \$0   | \$0  | \$0                           |
| Colorectal Screening Exams    | \$0                                    | \$0  | \$0                                      | \$0   | \$0  | \$0                           |
| Flu, Pneumonia & Hepatitis B  | \$0                                    | \$0  | \$0                                      | \$0   | \$0  | \$0                           |

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| ORIGINAL MEDICARE                 |  | United Health Care<br>Dual Complete<br>1(877) 505-9101   | United Healthcare NHP<br>1(877) 505-9101   | Centers Plan NHC<br>1-844-274-5227   | Independent Health<br>Medicare Family Choice<br>716-635-4900                            | Nacentia<br>1-888-477-4663   |
|-----------------------------------|--|--|--|--|---|--|
|                                   |  | <b>(HMO SNP)<br/>MA &amp; QMB</b>  | <b>Institutional with MA</b>   | <b>Institutional with MA</b>   | <b>Institutional with MA</b>  | <b>HMO SNP</b>   |
| <b>PREMIUMS</b>                   | \$135.50   | \$0  | \$0  | \$0  | \$0   | \$0  |
| <b>Deductible</b>                 | \$185  | \$0  | \$0  | \$0  | \$0   | <b>0; \$58/month OTC card</b>  |
| Prescription Drugs                | 0%-20% Part B covered only;<br>NO PART D   | Copays<br>\$0/\$1.25/\$3.40/<br>\$3.80/\$8.50/15%<br>Part B: \$0   | Copays<br>\$0/\$1.25/\$3.40/<br>\$3.80/\$8.50/15% Part<br>B: \$0   | Copays 20%<br>Part B: \$0  | Copays<br>\$4/\$15/25%/25%/33%<br>Part B: \$0   | Copays \$0/\$1.25/\$3.80<br>Part B: \$0: <b>Up to \$696/yr<br/>over the counter drug<br/>benefit</b>         |
| Vision Services                   | 20% + for 1 pair<br>glasses/frames/co<br>ntact lens after<br>cateract surgery<br>20% + coverage<br>for retinopathy<br>exam 1 per yr for<br>diabetics | \$0 Exams, \$0 Post Cataract<br>Eyewear, \$0 every 2 yrs; up<br>to \$200/yr routine eyewear<br>allowance | \$0 Exams, \$0 Post Cataract<br>Eyewear, \$0 every 2 yrs; up<br>to \$150/yr routine eyewear<br>allowance | \$0: Exams; up to \$100<br>eyewear allowance per 2<br>yr, \$0 post cateract<br>surgery glasses | \$0 Exams; \$0 Post<br>Cataract Eyewear; up to<br>\$100/yr routine eyewear<br>allowance | \$0 exam; \$0 post<br>cataract Eyewear; \$0<br>routinen exam; up to<br>\$100/yr routine eyewear<br>allowance |
| Hearing Services                  | 40% +<br>Medically<br>necessary<br>exams only no<br>aides  | \$0 Exams,<br>\$1,500/ ear Hearing Aid<br>Allowance every 2 yrs  | \$0 Exams,<br>\$1,600 Hearing Aid<br>Allowance every 2 yrs   | \$0 Exams; \$600<br>Hearing Aid Allowance<br>every 3 yrs.                                      | \$0 Routine Exams,<br>No Hearing Aid<br>Coverage  | \$0 Routine Exams, No<br>Hearing Aid Coverage  |
| Diabetic training<br>and supplies | 20%  | \$0 Training, \$0 Shoes or<br>Inserts, \$0 Supplies<br>(covered brands)                                  | \$0 Training, \$0 Shoes or<br>Inserts, \$0 Supplies<br>(covered brands)                                  | \$0 training ,supplies &<br>therapeutic shoes  | \$0   | \$0 Training, \$0 shoes or<br>inserts, \$0 Supplies  |
| Dental Coverage                   | limited<br>coverage  | \$0 for Covered Services,<br>\$3,000 limit   | Generally Not Covered  | \$0 copay: 2 Cleanings, 2 x-<br>rays; 2 Exams  | Not Covered   | \$0 for 2 exams, x-rays,<br>cleanings/yr; \$750/yr in preventive<br>and comprehensive benefit                |
| With full LIS                     |  | \$0  | \$0  | \$0  | \$0   | \$0  |
| With full LIS & EPIC              |  | \$0  | \$0  | \$0  | \$0   | \$0  |
| Max Out Of Pocket                 |  | \$6,700  | \$3,000  | \$3,400  | \$3,000   | \$6,700  |