

Medicare Supplemental Plans Erie County 2018

Insurer	Plan A	Plan B	Plan C	Plan D	Plan F	Plan HDF	Plan G	Plan K	Plan L	Plan M	Plan N	Pre-Exist wait/mth
Aetna	\$229.67	\$261.52			\$305.05							6
American Progressive *1	\$175.43	\$244.59	\$319.74	\$317.79	\$333.42		\$310.41				\$204.62	6
Bankers Conesco	\$231.74	\$290.39			\$391.91	\$58.25	\$360.75	\$76.68	\$173.38	\$239.97	\$197.53	6
Excellus Health Plan DBA/Univera Healthcare	\$188.78	\$253.62	\$300.41		\$310.37	\$89.48					\$213.23	6
Globe Life Ins. of NY	\$173.00	\$237.00	\$285.00	\$282.00	\$270.00	\$53.00	\$251.00	\$106.00	\$149.00		\$187.00	2
Group Health Inc (aka GHI)	\$152.57	\$204.82	\$272.95		\$300.67							6
HealthNow DBA BC/BS	\$205.15	\$251.56	\$296.73		\$297.91	\$126.65						6
Humana	\$198.19	\$223.64	\$270.88		\$276.35	\$64.01	\$246.86	\$129.44	\$184.53		\$175.35	3
Mutual of Omaha	\$208.08	\$319.21	\$358.85	\$336.54	\$369.81		\$319.31			\$327.82		6
United Health Care Insurance - AARP	\$108.25	\$161.50	\$192.25		\$193.00		\$173.25	\$53.00	\$105.25		\$125.75	6
*1 - Charges a one-time \$25 policy fee at issue												

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	A	B	C	D	F*	G	K**	L**	M	N
Hospital co-pays	■	■	■	■	■	■	■	■	■	■
Part B Coinsurance Coinsurance for Part B services, such as doctors' services, durable medical equipment and hospital outpatient services.	■	■	■	■	■	■	50%	75%	■	Except \$20 for doctors visits and \$50 for Emergency visits
First three pints of blood	■	■	■	■	■	■	50%	75%	■	■
Hospital deductible		■	■	■	■	■	50%	75%	■	■
Skilled Nursing Facility co-pays			■	■	■	■	50%	75%	50%	■
Part B annual deductible \$183			■		■					
Part B Excess Charges Benefits 100% of Part B excess charges. (Under federal law, the excess limit is 15% more than Medicare's approved charge when provider does not take assignment; New York State Law, the excess limit is 5% for most services.)					■	■				
Emergency Care Outside the US 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum benefit of \$50,000.			■	■	■	■			■	■
100% of coinsurance for Part B- covered preventive care services after the Part B deductible has been paid.	■	■	■	■	■	■	■	■		
Hospice Care Coinsurance for respite care and other Part A-covered services.	■	■	■	■	■	■	50%	75%	■	■

Not all plans are available in all areas.

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Medicare Supplemental Plans Contact

Aetna	1-800-345-6022	www.aetna.com
American Progressive	1-800-332-3377 ext 183	www.amerprog.com/products
Bankers Conseco	932-9010	www.bankersconseco.com
Blue Cross and Blue Shield of WNY, Inc.	1-800-248-9296	www.bcbswny.com
Globe Life Insurance Company of New York	1-315-451-2544	www.globelifeofnewyork.com
Group Health Incorporated (GHI)	1-800-624-2414	www.ghi.com
Humana	1-800-851-1629	www.humana-medicare.com
Mutual of Omaha Insurance Co.	(716)-839-0788	www.mutualofomaha.com
Sterling	1-888-858-8551	www.sterlingins.com/
United Health Care Insurance - AARP	1-800-523-5800	www.aarphealthcare.com
Univera Healthcare	1-800-659-1986 / (716) 857-6229	www.medhealthinsurance.com