

Medicare Advantage HMO Coverage in Erie County 2015

		Excellus Health-Univera 1-800-659-1986				Independent Health 635-4900					
		Senior Choice Value	Senior Choice Value Plus	Senior Choice Secure		Network Advantage	Encompass 65 Basic		Encompass 65 NO PART D	Encompass 65 Essential (HMO-POS)	
PREMIUMS	\$104.90	\$18.00	\$58.00	\$153.00		\$36.90	\$97.00		\$0.00	\$0.00	
Medical Service	Original Medicare			In Network	Out of Network		In Network	Out of Network		In Network	Out of Network
PCP Visits	20%**	\$15	\$15	\$10	30%	\$5	\$15	\$40	\$10	\$15	\$50
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$50	\$45	\$40	30%	\$30	\$30	\$40	\$25	\$45	\$50
Outpatient Mental Health	20%	20%	20%	20%		\$40	Group \$40 Individual \$40		\$40	\$40	20%
Outpatient Substance Abuse	20%**	20%	20%	20%		Group or Individual 50%	\$40	50%	45%	\$40	50%
Outpatient Surgery	20%**	20%	\$300	\$200	30%	Amb \$150 - 250 Hosp \$150 - 250	Amb \$200 Hosp \$0 - 200	20%	Amb \$100 Hosp \$0 - 100	\$0 - 275	20%
Emergency Care	20%**	\$65	\$65	\$65		\$65	\$65		\$65	\$65	
Urgent Care	20%**	\$50	\$45	\$40		\$50	\$50		\$30	\$50	
Ambulance Services	20%**	\$300	\$225	\$175	30%	\$200	\$200	20%	\$100	\$225	20%
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%	20%	20%	30%	20%	10-20%	20%	10- 25%	20%	20%
Prosthetic Devices	20%**	20%	20%	20%	30%	0 - 20%	0-20%	20%	0- 25%	0-20%	20%
X-Rays	20%**	\$50	\$45	\$40	30%	\$35	\$30	20%	\$25	\$45	20%
Diagnostic Radiology		20%	\$150	\$125	30%	\$5 - \$125	\$100	20%	Services \$50 Test \$10 - \$25	Services \$150 Test \$15 - \$45	Services 20% Test 20%
Lab Services	\$0	\$15	\$15	\$0	30%	\$0	\$0	20%	\$0	\$0	20%
Dialysis	20%	20%	20%	20%	30%	\$0	\$0	\$0	\$0	\$0	\$0

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		Senior Choice Value	Senior Choice Value Plus	Senior Choice Secure		Network Advantage	Encompass 65 Basic POS		Independent Health Encompass 65 (No Part D)	IHA Encompass Essential	
PREMIUMS	\$104.90	\$18.00	\$58.00	\$153.00		\$36.90	\$97.00		\$0.00	\$0.00	
Medical Service	Original Medicare						In Network	Out of Network		In Network	Out of Network
Radiation Therapy	20%	20%	20%	20%	30%	\$35	\$30	20%	\$25	\$45	20%
Chiropractic Care	limited coverage 20%**	\$15	\$15	\$10	30%	\$20	\$20	20%	\$20	\$20	20%
Medically Necessary Foot Care	limited coverage 20%**	\$50	\$45	\$40	30%	\$30	\$30	20%	\$25	\$45	20%
Routine Foot Care	NOT COVERED	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
P.T., O.T. and Speech Therapy	20%**	\$40	\$40	\$40	30%	\$15	\$15	20%	\$10	\$20	20%
Inpatient Hospital	\$1,260 deductible	Days 1-5 \$325 Days 6-90 \$0	Days 1-5 \$275 Days 6-90 \$0	Days 1-5 \$225 Days 6-90 \$0	30%	Tier 1- \$400 Tier 2- \$900 Per Stay	\$700 per stay	\$1,216 for Days 1-60	\$400/ stay	\$250/ day 1-6	\$1216 days 1-60
Inpatient Mental Health*	\$1,260 deductible	Day 1-5 \$305 Days 6-90 \$0	Days 1-5 \$275 Days 6-90 \$0	Days 1-5 \$225 Days 6-90 \$0		Tier 1- \$400 Tier 2- \$900 Per Stay	\$700 per stay	\$1,216 for Days 1-60	\$400/ stay	\$250/ day 1-6	\$1216 days 1-60
Skilled Nursing Facility	Days 1-20 \$0/day Days 21-100 \$157.50/day	Days 1-20 \$0 Days 21-100 \$150	Days 1-20 \$0 Days 21-100 \$125	Days 1-20 \$0 Days 21-100 \$100		Days 1-20 \$0/day Days 21-100 \$25/day	Days 1-20 \$0/day Days 21-100 \$50/day	Days 1-20 \$0/day Days 21-100 \$156.50/day	Days 1-100 \$40/day	Days 1-20 \$0/day Days 21-100 \$156.50/day	
Home Health Care	\$0	\$0	\$0	\$0	30%	\$0	\$0	20%	\$0	\$0	20%
Mammograms	20%	\$0	\$0	\$0	30%	\$0	\$0	20%	\$0	\$0	20%
Bone Mass Measurement	20%**	\$0	\$0	\$0	30%	\$0	\$0	20%	\$0	\$0	20%
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	30%	\$0	\$0	20%	\$0	\$0	20%
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%** hepatitis B	\$0	\$0	\$0	30%	\$0	\$0	20%	\$0	\$0	20%
Cardiac Rehab	20%	\$50	\$45	\$40	30%	\$0/ 36 visits	\$0	20%	\$0 36 visits	\$0	20%

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		Excellus Health-Univera 1-800-659-1986				Independent Health 635-4900					
		Senior Choice Value	Senior Choice Value Plus	Senior Choice Secure		Network Advantage	Encompass 65 Basic		Independent Health Encompass 65 (No Part D)	IHA Encompass Essential	
PREMIUMS	\$104.90	\$18.00	\$58.00	\$153.00		\$36.90	\$97.00		\$0.00	\$0.00	
Medical Service	Original Medicare						In Network	Out of Network		In Network	Out of Network
Prescription Drugs	0%-20% Part B covered only; NO PART D	Part B -20% Part D \$10, \$20, \$112.50, \$237.50, 33%	Part B 20% Part D \$5, \$20, \$112.50, \$237.50, 33%	Part B 20%- 30% Part D \$5, \$20, \$112.50, \$237.50, 33%		\$0, \$8, \$45, \$75, 33%	\$0, \$8, \$45, \$74, 33%		Part B- 20% No Part D	\$0, \$10, \$45, \$95, 33%	
Vision services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr. for diabetics	Exams, treatments, glasses \$0- 50	Exams, treatments, glasses \$0- 75	Exams, treatments, glasses \$0- 120	30%	Diagnose, Treatment \$30 Exam, Cataract Glasses \$0 Glasses \$100	Diagnose and treatment \$30 1 exam \$0	20%	Diagnose, Treatment \$25 Exam, Cataract Glasses \$0 Glasses \$150	Treatment \$45 Glasses \$0	Treatment 20% Glasses N/A
Hearing Services	20%	\$50	\$45	\$40	30%	\$ 5 -\$ 30	\$15- \$30	20%	\$10- \$25	\$15- \$45	20%
Diabetic training and supplies	20%	Supplies 20% Training \$0	Supplies 20% Training \$0	Supplies 20% Training \$0	Supplies 30% Training 30%	Supplies \$0-\$10 Training \$0	Supplies \$10 Training, Shoes \$0	20%	Supplies \$10 Training, shoes \$0	Supplies \$10 Training, Shoes \$0	Supplies 20% Training, Shoes 20%
Dental Coverage	limited coverage	\$50 Preventive services	\$45 Preventive Services	\$40 preventive Services	NA	\$30-\$ 250 for 2 Cleanings, Exams and x-rays	Limited Services \$30-200 (2) exams, cleanings, x-rays \$0	20%	Limited Services \$25-100 (2) exams, cleanings, x-rays \$0	\$45-\$275	20%
Max out of pocket		\$6,000	\$5,200	\$4,500		\$6,700	\$6,700		\$6,700	\$6,700	

Medicare Advantage HMO Coverage in Erie County 2015

		BlueCross Blue Shield 1-800-248-9296			Wellcare 1-800-278-5155	
		Senior Blue HMO 601 No Part D	Senior Blue Select	Senior Blue HMO 651	Wellcare Advance NO PART D	WellCare Value
PREMIUMS	\$104.90	\$0.00	\$36.90	\$95.00	\$0.00	\$0.00
Medical Service	Original Medicare					
PCP Visits	20% **	\$25	\$35	\$20	\$10	\$10
Wellness exam	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20% **	\$45	\$50	\$40	\$35	\$40
Outpatient Mental Health	20%	\$40	\$40	\$40	\$35 Individual \$25 Group	\$40 Individual \$30 Group
Outpatient Substance Abuse	20% **	50%	50%	50%	\$35 Individual \$25 Group	\$40 Individual \$30 Group
Outpatient Surgery	20% **	\$250	\$300	\$250	20% in Hospital/ \$50 in ambulatory surgery center	20% in Hospital/ \$100 in ambulatory surgery center
Emergency Care	20% **	\$65	\$65	\$65	\$65 unless admitted	\$65 unless admitted
Urgent Care	20% **	\$65	\$65	\$65	\$45	\$50
Ambulance Services	20% **	\$150	\$225	\$175	\$100	\$100
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	20%	20%	20%	20%
Prosthetic Devices	20% **	20%	20%	20%	20%	20%
X Rays	20% **	\$45	\$50	\$40	\$0	\$0
Diagnostic Radiology		\$75	\$75	\$75	\$75	\$100
Lab Services	\$0	\$5	\$5	\$5	\$0-\$50	\$0-\$50
Dialysis	20%	\$0	\$0	\$0	20%	20%

Medicare Advantage HMO Coverage in Erie County 2015

		BlueCross Blue Shield 1-800-248-9296			Wellcare 1-800-278-5155	
		Senior Blue HMO 601	Senior Blue Select	Senior Blue HMO 651	Wellcare Advance NO PART D	WellCare Value
PREMIUMS	\$104.90	\$0.00	\$36.90	\$95.00	\$0.00	\$0.00
Medical Service	Original Medicare					
Radiation Therapy	20%	\$45	\$50	\$40	\$35	\$40
Chiropractic Care	limited coverage 20%**	\$20	\$20	\$20	\$0	\$0
Medically Necessary Foot Care	limited coverage 20%**	\$45	\$50	\$40	\$35	\$40
Routine Foot Care	NOT COVERED	\$45	\$50	\$40	N/A	N/A
P.T.,O.T. and Speech Therapy	20%**	\$25	\$35	\$25	\$35	\$40
Inpatient Hospital	\$1,260 deductible	Days 1-7 \$340/day	Days 1-7 \$340/day	Days 1-7 \$290/day	Days 1-5 \$300 Days 6-90 \$0	Days 1-4 \$350 Days 6-90 \$0
Inpatient Mental Health*	\$1,260 deductible	Days 1-6 \$315/day	Days 1-6 \$315/day	Days 1-6 \$295/day	Days 1-4 \$300 Days 5-90 \$0	Days 1-4 \$350 Days 6-90 \$0
Skilled Nursing Facility	Days 1-20 \$0 Days 21-100 \$157.50	Days 1-20 \$40/day 21-100 \$156/day			Days Days 1-20 \$0 Days 21-100 \$156.50	Days 1-20 \$0 Days 21-100 \$156.50
Home Health Care	\$0	\$10	\$15	\$10	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	20%	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	20%**	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0 flu 20%** hepatitis B	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab		\$25	\$35	\$25	\$35 Office/ or 20% cost	\$40 Office/ or 20% cost

Medicare Advantage HMO Coverage in Erie County 2015

		BlueCross Blue Shield 1-800-248-9296			Wellcare 1-800-278-5155	
		Senior Blue HMO 601	Senior Blue Select	Senior Blue HMO 651	Wellcare Advance NO PART D	WellCare Value
PREMIUMS	\$104.90	\$0.00	\$36.90	\$95.00	\$0.00	\$0.00
Medical Service	Original Medicare					
Prescription Drugs	0%-20% Part B covered only; NO PART D	0%-20% Part B; NO PART D	\$10, \$25, \$45, \$95, 33%	\$7, \$20, \$45, \$95, 33%	20% Part B covered only; NO PART D	20% Part B \$3-\$84, 33% Deductible Part D
Vision services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr. for diabetics	(1) Routine eye exam every two years \$50 Post Cataract \$0	(1) Routine eye exam every two years \$45 Post Cataract \$1	Post Cataract \$0	\$0-\$35 Diagnostic Exam; Routine Visit \$0:1 per year, \$0 1 pair of eyewear (\$100 max)	\$0-\$40 Diagnostic Exam; (1) Routine Visit \$0 per year, 1 pair of eyewear every year (\$100 max)
Hearing Services	20%	\$45	\$50	\$40	Diagnostic \$35 Routine \$0	Diagnostic \$40 Routine \$0
Diabetic training and supplies	20%	Supplies 20% Training \$0	Supplies 20% Training \$0	Supplies 20% Training \$0	\$0	Supplies 15% Training \$0
Dental Coverage	limited coverage	\$45	\$50	\$40	2 Exams & 2 Cleanings \$0 per year	2 Exam & 2 Cleaning \$0 per year
Max out of Pocket		\$3,400	\$3,400	\$3,400		

Medicare Advantage HMO Coverage in Erie County 2015

Doctor & Choice of Hospitals		Fidelis Care 1-888-343-3547			MVP Health 1-888-280-6205		
	Original Medicare	Medicare Advantage No Part D	Medicare Advantage Flex	Medicare \$0 Premium	GoldValue	Preferred Gold No Part D	
PREMIUMS	\$104.90	\$0.00	\$36.90	\$0.00	\$136.50	\$99.60	
Medical Service			includes \$550 "Flex benefit"				
PCP Visits	20%**	\$10	\$0	\$15	\$20	\$15	
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	
Specialty Visits	20%**	\$20	\$10	\$25	\$40	\$30	
Outpatient Mental Health	20%	\$20	\$10	\$25	\$40	\$30	
Outpatient Substance Abuse	20% **	\$20	\$0	\$25	\$40	\$30	
Outpatient Surgery	20% **	\$285	\$285	\$285	Ambulatory \$150 Hospital \$300	Ambulatory \$100 Hospital \$225	
Emergency Care	20% **	\$65	\$65	\$65	\$65	\$65	
Urgent Care	20% **	\$20	\$0	\$25	\$40	\$30	
Ambulance Services	20% **	\$225	\$225	\$225	\$125	\$75	
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	20%	20%	20%	20%	
Prosthetic Devices	20% **	20%	20%	20%	20%	20%	
X Rays	20% **	\$10 x-rays 20% radiology services	\$10 x-rays 20% radiology services	\$10 x-rays 20% radiology services	\$40	\$30	
Diagnostic Radiology		20%	20%	20%	\$100	\$60	
Lab Services	\$0	20%	20%	20%	\$20	\$0-\$10	

Medicare Advantage HMO Coverage in Erie County 2015

Type of Medical Service	Original Medicare	Fidelis Care 1-888-343-3547			MVP Health 1-888-280-6205		
		Medicare Advantage No Part D	Medicare Advantage Flex	Medicare \$0 Premium	GoldValue	Preferred Gold NO PART D	
PREMIUMS	\$104.90	\$0.00	\$36.90	\$0.00	\$136.50	\$99.60	
Radiation Therapy	20%	20%	20%	20%	\$0	\$0	
Chiropractic Care	limited coverage 20%**	\$20	\$0	\$20	\$20	\$20	
Medically Necessary Foot Care	limited coverage 20%**	\$20	\$0	\$25	\$40	\$40	
Routine Foot Care	NOT COVERED	NA	NA	NA			
P.T., O.T. and Speech Therapy	20%**	\$20	\$10	\$25	\$40	\$30	
Inpatient Hospital	\$1,260 deductible	Days 1-5 \$285/day	Days 1-5 \$285/day	Days 1-5 \$285/day	Day 1-5 \$295/day Day 6+ \$0	Day 1-5 \$150/day Day 6+ \$0	
Inpatient Mental Health*	\$1,260 deductible	Days 1-5 \$285/day	Days 1-5 \$285/day	Days 1-5 \$285/day	Days 1-5 \$295/day Days 6+ \$0	Days 1-5 \$150/day Days 6+ \$0	
Skilled Nursing Facility	Days 1-20 \$0 Days 21-100 \$156.50	Days 1-20 \$25/day Days 21-100 \$150/day	Days 1-20 \$25/day Days 21-100 \$150/day	Days 1-20 \$25/day Days 21-100 \$150/day	Days 1- 20 \$0 Days 21-100 \$150	Days 1- 20 \$0 Days 21-100 \$150	
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	
Mammograms	20%	\$0	\$0	\$0	\$0	\$0	
Bone Mass Measurement	20%**	\$0	\$0	\$0	\$0	\$0	
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	\$0	\$0	
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%** hepatitis B	\$0	\$0	\$0	\$0	\$0	
Cardiac Rehab		0	\$0	\$25	\$0	\$0	

Medicare Advantage HMO Coverage in Erie County 2015

Medicare Advantage HMO Coverage in Erie County 2015							
Type of Medical Service	Original Medicare	Fidelis Care 1-888-343-3547			MVP Health 1-888-280-6205		
		Medicare Advantage No Part D	Medicare Advantage Flex	Medicare \$0 Premium	GoldValue	Preferred Gold No Part D	
PREMIUMS	\$104.90	\$0.00	\$36.90	\$0.00	\$136.50	\$99.60	
Prescription Drugs	0%-20% Part B covered only; No Part D	20% part B, no part D coverage	\$240 deductible the \$0,15,35,95 or 25%	\$0, \$18, \$45, \$95, 25%	Part B- 20% Part D \$0, \$10, \$35, \$90, 33%, \$0	20% part B, no part D coverage	
Vision services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per year for diabetics	\$0 for 1 routine eye exam per year, \$0-\$20 copay for Medicare-covered exam, \$0 copay for 1 pair of Medicare covered eyeglasses/contact lenses	\$0 for Medicare covered diagnosis/treatment diseases of the eye + \$0 for 1 routine eye exam/yr + \$0 for 1 pair of Medicare covered(Cataract related) eyeglasses/contacts, eyeglasses, contacts	\$0 for 1 routine eye exam, \$0-\$25 copay for Medicare covered exams/treatments + \$0 for 1 pair of Medicare-covered eye glasses/contacts, eye glasses, contacts	20%	40%	
Hearing Services	20%	Routine exams not covered \$0 for Medicare diagnostic exam	\$0	\$0			
Diabetic training and supplies	20%	\$0 copay for Medicare covered self-management training, supplies, shoes/inserts	\$0 copay for Medicare covered self-management training, supplies, shoes/inserts	\$0 copay for Medicare covered self-management training, supplies, shoes/inserts	Training \$0 Supplies 10%	Training \$0 Supplies 10%	
Dental Coverage	limited coverage	preventive dental benefits not covered \$20 for Medicare-covered dental benefits	\$0 for Medicare covered dental benefits & \$0 for 1 oral exam, 1 cleaning, 1 fluoride treatment per yr. 1 dental x-ray every 2 yrs.	\$25 Medicare covered dental benefits & \$0 for 1 oral exam, 1 cleaning, 1 fluoride treatment per year	\$240 per year Cleaning/ Exams/ X-rays	NA	
					\$6,700	\$5,000	