

# Medicare Advantage PFFS Medicare Advantage in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	<b>Universal American</b>			
		Todays Options Premier 100		Todays Options Premier 300	
<b>PREMIUMS</b>	\$115.40 for part B	\$20.00		\$0.00	
		In Network	Out of Network	In network	Out of Network
PCP Visits	20%**	\$10	\$15	\$15	\$20
Routine Physical Exams	Welcome to Medicare only (1 first 6 months)				
Specialty Visits	20%**	\$30	\$35	\$35	\$40
Outpatient Mental Health	45%	\$30 Therapy Day Program \$200	\$40 Therapy Day Program 20%	\$40 Therapy \$200 Day Program	\$50 therapy Day Program 20%
Outpatient Substance Abuse	20%**	\$30	\$40	\$40	\$50
Outpatient Surgery	20% **	\$75- \$150	\$150-\$200	\$150 \$200	\$200
Emergency Care	20% **	\$65 Waived if Admitted		\$65 Waived if Admitted	
Urgent Care	20% **	\$35		\$35	
Ambulance Services	20% **	\$150		\$150	
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	25%	20%	30%
Prosthetic Devices	20% **	20%	30%	20%	30%
X Rays	20% **	\$15	\$25	\$15	\$25
Lab Services	\$0	20%	30%	20%	30%
Radiation Therapy	20%	20%	20%	20%	20%
Chiropractic Care	limited coverage 20% **	50%	50%	50%	50%
Medically Necessary Foot Care	limited coverage 20% **	\$35 Medicare covered	\$40 Medicare covered	\$45 Medicare Covered	\$50 Medicare Covered
Routine Foot Care	NOT COVERED	<b>Not Covered</b>			
P.T.,O.T. and Speech Therapy	20% **	\$15	\$40	\$35	\$40

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PREMIUMS	\$115.40	\$0.00		\$20.00	
		In Network	Out of Network	In Network	Out of Network
Inpatient Hospital	\$1,132 days 1-60,\$283 days 61-90	\$400 each stay	Days 1-7 \$250/ Day Days 8 and beyond \$0	Days 1-6 \$235/ Day Days 7-90 \$0/ Day	Days 1-7 \$350 / Day Days 8 and beyond \$0
Inpatient Mental Health*	\$1,132 days 1-60,\$283 days 61-90	\$400 each stay	Days 1-7 \$250/ Day Days 8- 190 \$0/ Day	Days 1-6 \$235/ Day Days 7-90 \$0/ Day	Days 1-7 \$350 / Day Days 8-190 \$0
Skilled Nursing Facility	\$0 days 1-20, \$141.50 days 21-100	Days 1-20 \$50/ Day Days 21-100 \$75/ Day	Days 1-20 \$75/ Day Days 21-100 \$100/ Day	Days 1-20 \$50/ Day Days 21-100 \$75/ Day	Days 1-20 \$75/ Day Days 21-100 \$100/ Day
Home Health Care	\$0	\$0	20%	\$0	20%
Mammograms	20%	\$0	20%	\$0	20%
Bone Mass Measurement	20% **	\$0	20%	\$0	20%
Colorectal Screening Exams	\$0 to 20%**	\$0	20%	\$0	20%
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepittitis B	\$0	20%	\$0	20%
Prescription Drugs	0%-20% Part B covered only;NO PART D	No Part D		No Part D	
Vision services	20% + for 1 pair glasses/frames/ contact lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$20 post cataract glasses, \$20 diagnose, treatment	20% post cataract glasses, 20% diagnose, treatment	\$20 post cataract glasses, \$20 diagnose, treatment	20% post cataract glasses, 20% diagnose, treatment
Hearing Services	20%	\$20 exams	20% exams	\$20 exams	20% exams
Diabetic training and supplies	20%	0%- 20% training, supplies, shoes	20% training, supplies, shoes	0%- 20% training, supplies, shoes	20% training, supplies, shoes
Dental Coverage	limited coverage	\$0 Medicare Covered	\$0 Comprehensive	\$0 Medicare Covered	\$0 Comprehensive
** - After Part B deductible of \$162 is met					

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	<b>Universal American</b>			
		Todays Options Premier 150A		Todays Options Premier 350B	
<b>PREMIUMS</b>	\$115.40 for part B	\$72.00		\$21.00	
		In Network	Out of Network	In Network	Out of Network
PCP Visits	20%**	\$10	\$15	\$15	\$20
Routine Physical Exams	Welcome to Medicare only (1 first 6 months)				
Specialty Visits	20%**	\$30	\$35	\$35	\$40
Outpatient Mental Health	45%	\$30 Therapy Day Program \$200	\$40 Therapy Day Program 20%	\$40 Therapy \$200 Day Program	\$50 Therapy Day Program 20%
Outpatient Substance Abuse	20%**	\$30	\$40	\$40	\$50
Outpatient Surgery	20% **	\$75- \$150	\$150-\$200	\$150- \$200	\$200
Emergency Care	20% **	\$65 Waived if Admitted		\$65 Waived if Admitted	
Urgent Care	20% **	\$35 Waived if Admitted		\$35 Waived if admitted	
Ambulance Services	20% **	\$150		\$150	
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	25%	20%	30%
Prosthetic Devices	20% **	20%	30%	20%	30%
X Rays	20% **	\$15	\$25	\$15	\$25
Lab Services	\$0	20%	20%	20%	30%
Radiation Therapy	20%	20%	20%	20%	20%
Chiropractic Care	limited coverage 20% **	50%	50%	50%	50%
Medically Necessary Foot Care	limited coverage 20% **	\$35 Medicare Covered	\$40 Medicare Covered	\$45 Medicare Covered	\$50 Medicare Covered
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<b>PREMIUMS</b>	<b>\$115.40</b>	\$21.00		\$72.00	
		In Network	Out of Network	In Network	Out of Network
Inpatient Hospital	\$1,132 days 1-60,\$283 days 61-90	\$400 each stay	Days 1-7 \$250/ Day Days 8 and beyond \$0	Days 1-6 \$235/ Day Days 7-90 \$0/ Day	Days 1-7 \$350 / Day Days 8 and beyond \$0
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Home Health Care	\$0	\$0	20%	\$0	20%
Mammograms	20%	\$0	20%	\$0	20%
Bone Mass Measurement	20% **	\$0	20%	\$0	20%
Colorectal Screening Exams	\$0 to 20%**	\$0	20%	\$0	20%
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepittitis B	\$0	20%	\$0	20%
Prescription Drugs	0%-20% Part B covered only;NO PART D	<b>\$4, \$40, \$80, 33%</b>		<b>\$10, \$45, \$95, 29%</b>	
Vision services	20% + for 1 pair glasses/frames/contact lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$20 post cataract glasses, \$20 diagnose, treatment	20% post cataract glasses, 20% diagnose, treatment	\$20 post cataract glasses, \$20 diagnose, treatment	20% post cataract glasses, 20% diagnose, treatment
Hearing Services	20%	\$20 exams	20% exams	\$20 exams	20% exams
Diabetic training and supplies	20%	0%- 20% training, supplies, shoes	20% training, supplies, shoes	0%- 20% training, supplies, shoes	20% training, supplies, shoes
Dental Coverage	limited coverage	\$0 Medicare Covered	\$0 Comprehensive	\$0 Medicare Covered	\$0 Comprehensive
** - After Part B deductible of \$162 is met					