

Medicare PPO Plans in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	BlueCross Blue Shield Forever Blue 1-800-248-9296				MVP 1-716-839-1366		Excellus Health Plan 1-800-659-1986	
								Univera	
Doctor & Choice of Hospitals		2501-3000 physicians and providers							
		701		751-Part D		Gold Anywhere		PPO 102	
PREMIUMS	\$115.40 for partB	40.00		111.00		155.00		40.00	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%**	\$15	\$30	\$25	\$30	\$10	\$35	\$20	\$25
Wellness exam	\$0	\$0	\$30	\$0	\$40	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$25	\$30	\$35	\$40	\$15	\$35	\$40	\$45
Outpatient Mental Health	45%	\$40	50%	\$40	50%	Therapy:\$15	Therapy:\$35	40%	50%
Outpatient Substance Abuse	20%**	50%	50%	50%	50%	Therapy:\$15	Therapy:\$35	50%	50%
Outpatient Surgery	20% **	\$200	20%	\$200	20%	\$0	25%	\$150	30%
Emergency Care	20% **	\$65 waived if admitted				65; \$0 if admitted		\$65- Waived if admitted within 23 hours	
Urgent Care	20% **	\$25		\$35		\$15		\$40	\$40
Ambulance Services	20% **	\$125 Co-pay not waived				\$75		\$150	\$150
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	35%	20%	35%	20%	25%	20%	30%
Prosthetic Devices	20% **	20%	35%	20%	35%	20%	25%	20%	30%
X Rays	20% **	\$25	\$30	\$35	\$40	x-rays,daignostic procedures tests:\$15	x-rays\$35 ;diagnostic procedures, tests:25%	20%	30%

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								Univera	
Doctor & Choice of Hospitals		2501-3000 physicians and providers							
		701		751-Part D		Gold Anywhere		PPO 102	
PREMIUMS	\$115.40 for partB	40.00		111.00		155.00		40.00	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Lab Services	\$0	\$0	\$30	\$35	\$40	\$0	\$0	\$20-\$40	30%
Radiation Therapy	20%	\$75	\$75	\$75	\$75	\$0	25%	20%	30%
Chiropractic Care	limited coverage 20% **	\$20	\$30	\$20	\$40	\$15	\$20	\$20	30%
Medically Necessary Foot Care	20%** (medical limits apply)					\$15	\$35	\$40	30%
Routine Foot Care	not covered	\$25	\$30	\$35	\$40	Not covered			
P.T.,O.T. and Speech Therapy	20% **	\$15	\$30	\$25	\$40	\$15	\$35	\$40	30%
Inpatient Hospital	\$1,132 d for days 1-60, \$283 days 61-90	\$450 per stay; \$550 OOP max per year	20%	\$700 per stay; \$700 OOP max per year	20%	\$150(3)	25%	Days 1-7; \$150/ day Days 8-90 \$0	30%
Inpatient Mental Health*	\$1,132 days 1-60, \$283 days 61-90		20%		20%	\$150(3)	25%	Days 1-7; \$150/ day Days 8-90 \$0	30%
Skilled Nursing Facility	\$0 days 1-20, \$141.50 days 21-100	\$45 for days 1-75 \$0 for 76-100; no OOP max	20%	\$45 for days 1-75 \$0 for 76-100; no OOP max	20%	Days1-20:\$0; Days 21-100:\$135	25%	Days 1-100 \$50/day	30%
Home Health Care	\$0	\$0	\$30	\$0	\$40	\$0	25%	\$0	30%
	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Preventive Services	20% **	Bone Mass Measurement,Colorectal Screening, Mammogram, Pap Smear & Pelvic Exam, Prostate Exam and Flu Shots. Office Visit charge may apply.							
	\$0 to 20%**								

Medicare PPO Plans in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	BlueCross Blue Shield Forever Blue 1-800-248-9296				MVP 1-888-260-6205		Excellus Health Plan 1-800-659-1986	
Doctor & Choice of Hospitals		2501-3000 physicians and providers						Univera	
		701		751-Part D		Gold Anywhere		PPO 102	
PREMIUMS	\$115.40 for partB	40.00		111.00		155.00		40.00	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepinitis B	\$0	\$30	\$0	\$40	\$0	\$0	\$0	\$0
Prescription Drugs	Part D	No Part D		Tier 1-\$0, T2- \$7.50,T3-\$45, T4 50%, T5-30% No Deductible No Gap		Part B:20%;Part D: \$0 deductible \$5,\$35,\$90,\$33		Part B 20%, Part D Tier 1 \$6, Tier 2 \$15, Tier 3 \$90, Tier 4 33% \$0 Deductible No Gap coverage	
Hearing Services	20% **	Not covered				Hearing aids:\$0 up to \$600;exams:\$15	Hearing aids:\$0 up to \$600;exams:\$35	\$40 diagnostic, 1 exam	30%
Diabetic training and supplies Office visit charge may apply	20%	Training:\$0;Supplies:20%	Training:\$0;Supplies:25%	Training:\$0;Supplies:20%	Training:\$0;Supplies:25%	Training:\$0;Supplies:20%	Training:\$0;Supplies:25%	\$0 Training, 20% supplies, shoes	30%
Dental Coverage	limited coverage 20% **	\$25	\$30	\$35	\$40	Exams,cleanings,x-rays:\$0; Medicare covered \$15	Exams,cleanings,x-rays:\$0 up to \$300 Medicare covered \$25	\$40 Medicare covered	30%
Vision services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$25- Glaucoma test \$30	\$30	\$35; glaucoma test \$0	\$40	Eye wear post cataract surgery:20%; Exams: \$15;(1) eyeglass/contacts:\$0	Eye wear post cataract surgery:20%; Exams: \$35;(1) eyewear upto \$100	\$40 post cataract glasses, 0-\$40 diagnose, treatment and 1 exam	30%
With full LIS				\$71.20				\$16.00	
*Inpatient mental health :limited to 190 days in a Psychiatric Hospital in a lifetime.						** after a deductible of \$162 is met			**

Medicare PPO Plans in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Unitedhealthcare-Secure Horizons 1-800-555-5757				Universal American- Todays Options-CCRX 1-866-422-1967					
		MedicareComplete Choice		MedicareComplete Choice Essential/ NoRx		Advantage Plus 150A		Advantage 300		Advantage 550B	
Doctor & Choice of Hospitals											
		PPO-001		PPO-002							
PREMIUMS	\$115.40 for part B	0.00		0.00		63.00		0.00		0.00	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%**	\$15	\$20	\$15	\$20	\$10	\$15	\$15	\$20	\$15	\$20
Routine Physical Exams	Welcome to Medicare only (1first 6 months)	\$0	\$0	\$0	\$0	\$0	20%	\$0	20%	\$0	20%
Specialty Visits	20%**	\$20	\$40	\$35	\$40	\$30	\$35	\$35	\$40	\$35	\$40
Outpatient Mental Health	50%	\$40 single \$30 Group	\$35-\$45	\$40 single \$30 Group	\$35-\$45	Therapy:\$30; Day program \$200	Therapy:\$50; Day program 20%	Therapy:\$40; Day program \$200	Therapy:\$50; Day program 20%	Therapy:\$40; Day program \$200	Therapy:\$50; Day program 20%
Outpatient Substance Abuse	20%**	\$40 single \$30 Group	\$35-\$45	\$40 single \$30 Group	\$35-\$45	\$30	\$40	\$40	\$50	\$40	\$50
Outpatient Surgery	20% **	20%	30%	20%	30%	\$75- \$150	\$150- \$200	\$150-\$200	\$200-\$200	\$225- \$275	\$275
Emergency Care	20% **	\$65 Waived if Admitted		\$65 Waived if Admitted		\$65 Waived if admitted					
Urgent Care	20% **	\$30-\$40		\$30-\$40		\$35 Medicare covered waived if admitted					
Ambulance Services	20% **	\$200		\$200		\$150		\$150		\$150	
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	50%	20%	50%	20%	25%	20%	30%	20%	30%
Prosthetic Devices	20% **	20%	30%	20%	30%	20%	30%	20%	30%	20%	30%
X Rays	20% **	\$16	\$21	\$16	\$21	x-rays\$15; Diagnostic tests:20%	x-rays\$25; Diagnostic tests 30%	x-rays\$15; Diagnostic tests:20%	x-rays\$25; Diagnostic tests 30%	x-rays\$15; Diagnostic tests:20%	x-rays\$25; Diagnostic tests 30%

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		MedicareComplete Choice		MedicareComplete Choice Essential/ No Rx		Advantage 150A		Advantage 300		Advantage 550B	
Doctor & Choice of Hospitals											
		PPO-001		PPO-002							
PREMIUMS	\$115.40 for partB	0.00		0.00		63.00		0.00		0.00	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Lab Services	\$0	\$16	\$16	\$10	\$10/ 30%	20%	30%	20%	30%	20%	30%
Radiation Therapy	20%	20%	30%	20%	30%	20%	30%	20%	30%	20%	30%
Chiropractic Care	limited coverage 20% **	\$20	\$40	\$20	\$40	50%	50%	50%	50%	50%	50%
Medically Necessary Foot Care	20%** (medical limits apply)	\$35 per visit. \$35/6 supplemental visits	\$40	\$35 per visit. \$35/6 supplemental visits	\$40	\$35	\$40	\$45	\$50	\$45	\$50
Routine Foot Care	not covered	Not Covered		Not Covered		Not covered					
P.T.,O.T. and Speech Therapy	20% **	\$35	\$40	\$35	\$40	\$15	\$40	\$35	\$40	\$35	\$40
Inpatient Hospital	\$1,100 deductible; days 61-90:\$275;days 90+: \$550	Days 1-5 \$295/day Days 6-90 \$0/ day	Days 1-28 \$325/ Days 29+ \$0 Copay	Days 1-5 \$295 Days 6-90 \$0	Days 1-22 \$325 Days 22+ \$0	\$400 each stay	Days 1-7 \$250 Days 8+ \$0	Days 1-6:\$235 per day;Days7-90\$0	days1-6, \$350/day, days 7-90 \$0	Days 1-6:\$235 per day;Days7-90 \$0	Days 1-7:\$350 per day;Days8-90:\$0
Inpatient Mental Health*	\$1,100 deductible; days 61-90:\$275;days 90+: \$550	Days 1-5 \$295/day Days 6-90 \$0/ day	Days 1-28 \$325/ Days 29+ \$0 Copay	Days 1-5 \$295 Days 6-90 \$0	Days 1-22 \$325 Days 22-90 \$0	\$400 each stay	Days 1-7 \$250 Days 8-190 \$0	Days 1-6:\$235 per day;Days7-90\$0	Days 1-7:\$350 per day;Days8-90:\$0	Days 1-6:\$235 per day;Days7-90\$0	Days 1-7:\$350 per day;Days8-90:\$0
Skilled Nursing Facility	\$0 days 1-20, then \$137.50 days 21-100	Days 1-20 \$50/day Days 21-59 \$100/day Days 60-100 \$0	Days 1-40 \$175/day Days 41-100 \$0 per day	Days 1-20 \$50 Days 21-49 \$100 Days 50-100 \$0	Days1-40 \$175 Days 41-100 \$0	Days 1-20 \$50 day Days 21-100 \$75	Days 1-20 \$75 day Days 21-100 \$100	Days1-20:\$50 per day;21-100:\$75	Days1-20:\$75 per day;21-100:\$100	Days1-20:\$50 per day;21-100:\$75	Days1-20:\$75 per day;21-100:\$100
Home Health Care	\$0	\$0/ visit	30%/ visit	\$0	30\$%	\$0	20%	\$0	20%	\$0	20%
Annual Preventive Services	20%	\$0	\$0	\$0	0%- 30%	\$0	20%	\$0	20%	\$0	20%
	20% **	Bone Mass Measurement,Colorectal Screening, Mammogram, Pap Smear & Pelvic Exam, Prostate Exam and Flu Shots. Office Visit charge may apply.									
	\$0 to 20%**										

Medicare PPO Plans in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Unitedhealthcare-Secure Horizons 1-800-555-5757				Universal American- Todays Options-CCRX 1-866-422-1967					
Doctor & Choice of Hospitals		MedicareComplete Choice		MedicareComplete Choice		Advantage 150A		Advantage 300		Advantage 550B	
		PPO-001		PPO-002							
PREMIUMS	\$115.40 for partB	0.00		0.00		63.00		0.00		0.00	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepitis B	\$0		\$0							
Prescription Drugs	Part D	\$3, \$6, \$45, \$95, 33%	14% refund for generics	Part B drugs 20%; No Part D		Part B 20%, \$4, \$10, \$40,\$100, 33%		Part B:20%;NO PART D		Part B 20%, \$10, \$25, \$45, \$95, 29%	
Hearing Services	40% + Medically necessary exams only no aids	\$35 exams. \$340- \$390 hearing aids (2)	\$40 exams. \$390 aids	\$35 exams. \$330- \$380 hearing aids (2)	\$40 exams. \$330-\$390 aids	Exams \$0	Exams:20%	Exams \$0	Exams:20%	Exams \$0	Exams:20%
Diabetic training and supplies	20%	\$0 Training, Supplies. 20% shoes	30%	\$0 Training, Supplies. 20% shoes	30%	Training:\$0; Supplies, Shoes 0%- 20%	Training, Supplies, Shoes:20%	Training:\$0; Supplies, Shoes 0%- 20%	Training, Supplies, Shoes:20%	Training:\$0; Supplies, Shoes 0%- 20%	Training, Supplies, Shoes:20%
Dental Coverage	limited coverage	\$35	\$40	\$35	\$40	Medicare covered:\$0	\$0	Medicare covered:\$0	\$0	Medicare covered:\$0	\$0
Vision services	20% + for 1 pair glasses/frames/co ntact lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 post cataract glasses. \$0- \$35 treatment	\$40 exams. 30% eyewear.	\$0 post cataract glasses. \$0- \$35 treatment	\$40 exams. 30% eyewear.	(1)glasses / contacts post cateract:\$20 Diagnostic exams:(1) routine exam (1) eyeglass/ contact \$20	20% Exams	(1)glasses / contacts post cateract:\$20 Diagnostic exams:(1) routine exam (1) eyeglass/ contact \$20	20% Exams	(1)glasses / contacts post cateract:\$20 Diagnostic exams:(1) routine exam (1) eyeglass/ contact \$20	20% Exams
With Full LIS						\$27.50					

Medicare PPO Plans in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health						Care Improvement Plus Medicare Advantage PPO	
		Medicare Passport Basic		Medicare Passport Advantage		Medicare Passport Premier			
Doctor & Choice of Hospitals									
PREMIUMS	\$115.40 for partB	\$0.00		65.00		173.00		\$53.00	
		IN	OUT	IN	OUT	IN	OUT	In	Out
PCP Visits	20%**	\$25	\$40	\$20	\$40	\$5	\$30	\$35	\$35
Routine Physical Exams (one per year)	Welcome to Medicare only (1 visit/ first 6 months)	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Specialty Visits	20%**	\$35	\$40	\$30	\$40	\$20	\$30	\$50	\$50
Outpatient Mental Health	50%	\$40	45%	\$40	45%	\$40	45%	\$35 group \$40 single	\$35-\$40
Outpatient Substance Abuse	20%**	45%		45%		45%		\$35-\$40	\$35-\$40
Outpatient Surgery	20% **	\$35-\$125	30%	\$30-\$100	30%	\$20-\$75	30%	\$150	\$150
Emergency Care	20% **	\$65;\$0 if admitted		\$60;\$0 if admitted		\$50		\$65 waived if admitted	
Urgent Care	20% **	\$35		\$30		\$30		\$35	\$35
Ambulance Services	20% **	\$180		\$150		\$50		\$160	\$160
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	10%-30%	50%	10%-30%	50%	10%-20%	50%	20%	30%
Prosthetic Devices	20% **	10%-30%	50%	10%-30%	50%	10%-20%	50%	20%	20%
X Rays	20% **	x-rays, diagnostic tests:\$25-\$35; Diagnostic radiology:\$100	30%	x-rays,diagnostic tests:\$20-\$30; Diagnostic radiology:\$75	30%	x-rays,diagnostic tests:\$5-\$20;Diagnostic radiology:\$30	30%	20%	20%

Medicare PPO Plans in Erie County 2012

		Independent Health						Care Improvement Plus Medicare Advantage PPO	
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Medicare Passport Basic		Medicare Passport Advantage		Medicare Passport Premier			
PREMIUMS	\$115.40 for partB	\$0.00		65.00		173.00			
		IN	OUT	IN	OUT	IN	OUT	In	Out
		\$0	30%	\$0	30%	\$0	30%		
Lab Services	\$0	\$35	30%	\$30	30%	\$20	30%	20%	20%
Radiation Therapy	20%	\$20	50%	\$20	50%	\$20	50%	\$20	\$20
Chiropractic Care	limited coverage 20% **	\$35	\$40	\$30	\$40	\$20	\$30	\$50	\$50
Medically Necessary Foot Care	20%** (medical limits apply)	Not covered		Not Covered		Not Covered		\$0/ (6) Visits	\$0-\$50
Routine Foot Care	not covered	\$20	30%	\$15	30%	\$10	10%	\$50	\$50
P.T.,O.T., Speech Therapy, Respiratory Therapy	20% **	\$600	30%	\$500	30%	\$325	30%	Days 1-15 \$175/ day 90 \$0/day	Days 16-
Inpatient Hospital	\$1,100 deductible; days 61-90:\$275;days 90+: \$550	\$600	30%	\$500	30%	\$325(2)	30%	\$1000 each stay	
Inpatient Mental Health*	\$1,100 deductible; days 61-90:\$275;days 90+: \$550	\$50/day, days1-100	30%	\$45/day, days1-100	30%	\$25/day, days1-100	30%	Days 1-20 \$0 co-pay 100 \$130/day	Days 21-
Skilled Nursing Facility	\$0 days 1-20, then \$137.50 days 21-100	\$0	30%	\$0	30%	\$0	30%	0%	35%
Home Health Care	\$0	\$0	30%	\$0	30%	\$0	30%		
Annual Preventive Services	20%	Bone Mass Measurement, Colorectal Screening, Mammogram, Pap Smear & Pelvic Exam, Prostate Exam						\$0	\$0
	20% **							\$0	\$0

Medicare PPO Plans in Erie County 2012

		Independent Health						Care Improvement Plus Medicare Advantage PPO	
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Medicare Passport Basic		Medicare Passport Advantage		Medicare Passport Premier			
PREMIUMS	\$115.40 for partB								
		\$0.00		65.00		173.00		\$53	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	Part D	Part B:\$50;Part D: \$0,\$4\$45,\$75,33%		Part B:\$50;Part D: \$0,\$4\$45,\$75,33%		Part B:\$50;Part D: \$0,\$4\$45,\$75,33%		Tier 1-\$10 Tier 2 \$43 Tier 3 \$95 Tier 4 33% No Coverage Gap No Deductible	
Hearing Services	20% **	exams:\$25-\$35	exams:30%	exams:\$20-\$30	exams:30%	exams:\$5-\$20	exams:30%	\$50	\$50
Diabetic training and supplies Office visit charge may apply	20%	Training:\$0;Suppl ies:\$8	30%	Training:\$0;Suppl ies:\$8	30%			\$0	\$0
Dental Coverage	limited coverage 20% **	Medicare covered: \$35-\$125	30%	\$0 (2) exams,(2) cleanings,(2) x-rays	30%-50%			\$0	\$0
Vision services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	(1)glasses /contacts post cataract:\$0; Diagnostic exams:\$35 (1)routin exam:\$0;(1) eyeglass/contact: \$0 up to \$150	(1)glasses /contacts post cataract:\$0; Diagnostic exams:\$40 (1)routin exam:\$0;(1)eyegl ass/contact: \$0 up to \$150 limit	(1)glasses /contacts post cataract:\$0; Diagnostic exams:\$30 (1)routin exam:\$0;(1)eyegl ass/contact:\$0 up to \$150 limit	(1)glasses /contacts post cataract:\$0;Diagn ostic exams:\$40 (1)routin exam:\$0;(1)eyegl ass/contact:\$0 up to \$150 limit			(1)glasses /contacts post cataract:\$50;Di agnostic exams:\$50 (1)routin exam:\$10;(1)ey eglass/contact: \$0 upto \$150	(1)glasses /contacts post cataract:\$50;Di agnostic exams:\$50 (1)routin exam:\$10;(1)ey eglass/contact: \$0 upto \$150
With Full Low Income subsidy		na		\$25.20		\$133.20			18.7