

## 2020 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		Wellcare Liberty 1-866-527-0057	Wellcare Access 1-866-527-0057	Fidelis Dual Advantage 1-888-343-3547	Fidelis Dual Advantage Flex 1-888-343-3547	Kalos Health Gold Plus 1-800-399-1954
		(HMO SNP)	(HMO SNP) MA & QMB	(HMO SNP)	(HMO SNP) MA & QMB	(HMO SNP)
<b>PREMIUMS</b>	\$144.60	\$0	\$0	\$0	\$0	\$0
<b>Deductible</b>	\$198	\$0	\$0	\$0	\$0	\$0
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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		(HMO SNP)	(HMO SNP) MA & QMB	(HMO SNP)	(HMO SNP) MA & QMB	(HMO SNP)
<b>PREMIUMS</b>	\$144.60	\$0	\$0	\$0	\$0	\$0
<b>Deductible</b>	\$198	\$0	\$0	\$0	\$0	\$0
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	\$1,408 deductible	\$0	\$0	\$0	\$0 or \$1,364 deductible for days 1-60; \$335/day for days 61-90 \$670/day for days 91-150	\$0 or \$1,364 deductible for days 1-60; \$341/day for days 61-90 \$682/day for days 91-150
Inpatient Mental Health*	\$1,408 deductible	\$0	\$0	\$0		
Skilled Nursing	0 days 1-20, \$176 days 21-100	\$0/day days 1-100	\$0/day days 1-100	\$0/day days 1-100	\$0/day days 1-20 \$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) MA & QMB	(HMO SNP)	(HMO SNP) MA & QMB	(HMO SNP)
<b>PREMIUMS</b>	\$144.60	\$0	\$0	\$0	\$0	\$0
<b>Deductible</b>	\$198	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only; NO PART D	\$0/\$1.25/\$3.60/\$3.90/\$8.95; \$0-Part B	\$0/\$1.30/\$3.60/\$3.90/\$8.95 \$0-Part B	Copays \$0/\$1.30/\$3.60/\$3.90/\$8.95; \$0-Part B	Copays \$0/\$1.30/\$3.60/\$3.60/\$8.95; \$0-Part B:	Copays \$0/\$1.30/\$3.60/\$3.90/\$8.95; \$0-Part B
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 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; \$0:Medicare covered routine exam	\$0
Hearing Services	40% + Medically necessary exams only no aides	\$0 Exams \$350 Hearing Aid Allowance	\$0 Exams \$1,500 Hearing Aid Allowance for 2 units	\$0 Routine Exams	\$0-20% Routine Exams	\$0
Diabetic training and supplies	20%	\$0	\$0	%	\$0-20%	\$0
Dental Coverage	limited coverage	\$0: 2 Exams, 2 Cleanings per yr, 1 x-ray every 1-3 yrs.	Preventive including cleanings, x-rays, exams	\$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
Over The Counter		\$75/month OTC card	\$125/month OTC card	\$44	\$100/month OTC card	\$75/month OTC benefit
With full LIS		\$0	\$0	\$0	\$0	\$0
With full LIS & EPIC		\$0	\$0	\$0	\$0	\$0
Max Out Of Pocket		\$3,400	\$6,700	\$6,700	\$6,700	\$6,700

## 2020 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		United Health Care Dual Complete 1-877-505-9101	United Healthcare NHP 1-877-505-9101	Centers Plan NHC 1-844-274-5227	Independent Health Medicare Family Choice 716-635-4900	Nacentia 1-888-477-4663
		(HMO SNP) MA & QMB	Institutional with MA	Institutional with MA	Institutional with MA	HMO SNP
<b>PREMIUMS</b>	\$144.60	\$0	\$0	\$0	\$0	\$0
<b>Deductible</b>	\$198	\$0	\$0	\$0	\$0	\$0
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 20% **	\$0	\$0	\$0	\$0	\$0

## 2020 Medicare Special Needs Plans for Erie County

<b>ORIGINAL MEDICARE</b>		<b>United Health Care Dual Complete 1(877) 505-9101</b>	<b>United Healthcare NHP 1(877) 505-9101</b>	<b>Centers Plan NHC 1-844-274-5227</b>	<b>Independent Health Medicare Family Choice 716-635-4900</b>	<b>Nacentia 1-888-477-4663</b>
		<b>(HMO SNP) 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>	\$144.60	\$0	\$0	\$0	\$0	\$0
<b>Deductible</b>	\$198	\$0	\$0	\$0	\$0	\$0
Transportation	NOT COVERED	Not Covered	\$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 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	\$1,408 deductible	\$0	\$0	\$0	\$0	\$0
Inpatient Mental Health*	\$1,408 deductible	\$0	\$0	\$0	\$0	\$0
Skilled Nursing	\$0 days 1-20, \$176 days 21- 100	\$0	\$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

## 2020 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		United Health Care Dual Complete 1(877) 505-9101	United Healthcare NHP 1(877) 505-9101	Centers Plan NHC 1-844-274-5227	Independent Health Medicare Family Choice 716-635-4900	Nacentia 1-888-477-4663
		(HMO SNP) MA & QMB	Institutional with MA	Institutional with MA	Institutional with MA	HMO SNP
<b>PREMIUMS</b>	\$144.60	\$0	\$0	\$0	\$0	\$0
<b>Deductible</b>	\$198	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only; NO PART D	Copays \$0/\$1.30/\$3.60/ \$3.90/\$8.95/15% Part B: \$0	Copays \$0/\$1.25/\$3.40/ \$3.80/\$8.50/15% Part B: \$0	Copays 20% Part B: \$0	Copays \$4/\$15/25%/25%/33% Part B: \$0	Copays \$0/\$1.25/\$3.80 Part B: \$0: <b>Up to \$696/yr over the counter drug benefit</b>
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Exams, \$0 Post Cataract Eyewear, \$0 every 2 yrs; up to \$300/yr routine eyewear allowance	\$0 Exams, \$0 Post Cataract Eyewear, \$0 every 2 yrs; up to \$150/yr routine eyewear allowance	\$0: Exams; up to \$100 eyewear allowance per 2 yr, \$0 post cataract surgery glasses	\$0 Exams; \$0 Post Cataract Eyewear; up to \$100/yr routine eyewear allowance	\$0 exam; \$0 post cataract Eyewear; \$0 routine exam; up to \$100/yr routine eyewear allowance
Hearing Services	40% + Medically necessary exams only no aides	\$0 Exams/yr, \$1,100 per ear Hearing Aid Allowance every 2 yrs	\$0 Exams, \$1,600 Hearing Aid Allowance every 2 yrs	\$0 Exams; \$600 Hearing Aid Allowance every 3 yrs.	\$0 Routine Exams, \$45 fitting exam; \$699-\$999/ear allowance	\$0 Routine Exams, No Hearing Aid Coverage
Diabetic training and supplies	20%	\$0 Training, \$0 Shoes or Inserts, \$0 Supplies (covered brands)	\$0 Training, \$0 Shoes or Inserts, \$0 Supplies (covered brands)	\$0 training ,supplies & therapeutic shoes	\$0	\$0 Training, \$0 shoes or inserts, \$0 Supplies
Dental Coverage	limited coverage	\$0 for Covered Services, \$1,000 limit	Generally Not Covered	\$0 copay: 2 Cleanings, 2 x-rays; 2 Exams	Not Covered	\$0 for 2 exams, x-rays, cleanings/yr; \$750/yr in preventive and comprehensive benefit
Over The Counter		\$100/mo OTC card				\$58/mo OTC card
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

## 2020 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		Independent Health Assure Advantage				
		(HMO SNP) C SNP Diabetes and Chronic Heart Failure Diagnoses				
<b>PREMIUMS</b>	\$144.60	\$55				
<b>Deductible</b>	\$198	\$0				
PCP Visits	20%**	\$0				
Wellness exam	\$0	\$0				
Specialty Visits	20%**	\$0-\$30				
Outpatient Mental Health	40%	\$40				
Outpatient Substance Abuse	20	\$40				
Outpatient Surgery	20% **	\$250/\$300				
Emergency Care	20% **	\$90				
Urgent Care	20% **	\$65				
Ambulance Services	20% **	\$275/20% for air				
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%				
Prosthetic Devices	20% **	20%				
Diagnostic Radiology	20%	\$200				
X Rays	20% **	\$20				
Lab Services	\$0	\$0				
Dialysis	20%	20%				
Radiation Therapy	20%	20%				
Chiropractic Care	limited coverage 20% **	\$20				

## 2020 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		Independent Health Assure Advantage				
		<b>(HMO SNP) C SNP Diabetes and Chronic Heart Failure Diagnoses</b>				
<b>PREMIUMS</b>	\$144.60	\$55				
<b>Deductible</b>	\$198	\$0				
Transportation	Not Covered	\$0 (12) one-way trips/yr for RX to plan approved				
Medically Necessary Foot Care	Limited Coverage 20%**	\$0				
Routine Foot Care	Not Covered	\$0				
P.T., O.T. and Speech Therapy	20%**	\$20				
Inpatient Hospital	\$1,408 deductible	\$275/day for days 1-6; \$0/day for days 7+; \$1,925/yr Max				
Inpatient Mental Health*	\$1,408 deductible	\$275/day for days 1-5; \$0/day for days 6+				
Skilled Nursing	\$0/day for day 1-20, 176/days for days 21-100	\$0/day for days 1-20; \$178/day for days 21-100				
Home Health Care	\$0	\$0				
Mamograms	\$0	\$0				
Bone Mass	\$0	\$0				
Colorectal Screening Exams	\$0	\$0				
Flu, Pneumonia & Hepatitis B	\$0	\$0				

## 2020 Medicare Special Needs Plans for Erie County

ORIGINAL MEDICARE		Independent Health Assure Advantage				
		<b>(HMO SNP) C SNP Diabetes and Chronic Heart Failure Diagnoses</b>				
<b>PREMIUMS</b>	\$144.60	\$55				
<b>Deductible</b>	\$198	\$0				
Prescription Drugs	0%-20% Part B covered only; NO PART D	Copays \$0/\$20/\$47/40%/33%; Tier 6:\$10				
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Exams, \$0 Post Cataract eyewear; up to \$150/yr for eyewear, including diabetic retinopathy and retinal imaging				
Hearing Services	40% + Medically necessary exams only no aides	\$30 exam; \$45 hearing aid evaluation exam; \$699 or \$999 per ear for TruHearing aid devices				
Diabetic training and supplies	20%	\$0				
Dental Coverage	limited coverage	\$20/visit preventive; 2 cleanings, exams, and x-rays/yr; one full mouth x-rays every 3 yrs.				
Over The Counter		n/a				
With full LIS		\$18.40				
With full LIS & EPIC		\$16.00				
Max Out Of Pocket		\$6,700				