

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900				BlueCross/BlueShield 1-800-248-9296					
		Medicare Passport Advantage PPO		Medicare Passport Prime		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO	
PREMIUMS	\$170.10	\$99		\$225		\$145		\$204		\$25	
Deductible	\$233	\$0		\$0		0 Ded; \$35/qtr OTC		0 Ded; \$35/qtr OTC		0 Ded; \$25/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	40%	\$0	\$45	\$10	35%	\$5	25%	\$5	50%
Wellness Exam	\$0	\$0	40%	\$0	20%	\$0	35%	\$0	25%	\$0	50%
Specialty Visits	20%	\$40	40%	\$30	40%	\$30	35%	\$25	25%	\$35	50%
Outpatient Mental Health	20%	\$25	45%	\$20	45%	\$40	50%	\$40	50%	\$40	50%
Outpatient Substance Abuse	20%	40%	45%	\$40	45%	50%	50%	50%	50%	50%	50%
Outpatient Surgery	20%	\$300/\$350	40%	\$225/\$275	20%	\$250/\$350	35%	\$200/\$300	25%	\$300/\$400	50%
Emergency Care	20%	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Urgent Care	20%	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Ambulance Services	20%	\$250 ground 20% air	\$250 ground 20% air	\$200 ground 20% air	\$200 ground 20% air	\$250	\$250	\$225	\$225	\$300	\$300
Durable Medical Equipment	20% Medicare Approved	10%-20%	50%	10%-20%	50%	\$0/20%	50%	\$0/20%	50%	\$0/20%	50%
Prosthetic Devices	20%	20%	50%	20%	50%	\$0/20%	50%	\$0/20%	50%	\$0/20%	50%
Cardiac Rehab	20%	\$0	40%	\$0	40%	\$5	35%	\$15	25%	\$10	50%
X-Rays	20%	\$40	40%	\$30	20%	\$45	35%	\$40	25%	\$50	50%
Diagnostic Services	20%	\$150	40%	\$100	20%	\$150	35%	\$150	25%	\$200	50%
Lab Services	\$0	\$0/20% Genetic	40%	\$5/20% Genetic	20%	\$5	35%	\$5	25%	\$5	50%
Radiation Therapy	20%	20%	50%	20%	40%	20%	35%	20%	25%	20%	50%
Chiropractic Care	limited coverage 20%	\$20	40%	\$20	40%	\$20	35%	\$20	25%	\$20	50%

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900				BlueCross/BlueShield 1-800-248-9296					
		Medicare Passport Advantage PPO		Medicare Passport Prime		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO	
Premiums	\$170.10	\$99		\$225		\$145		\$204		\$25	
Deductible	\$233	\$0		\$0		0 Ded; \$35/qtr OTC		0 Ded; \$35/qtr OTC		0 Ded; \$25/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$35	40%	\$30	\$45	\$30	35%	\$25	25%	\$35	50%
Routine Foot Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$30	35%	\$25	25%	\$35	50%
P.T., O.T. and Speech Therapy	20%	\$15	40%	\$25	20%	\$20	35%	\$20	25%	\$30	50%
Inpatient Hospital	\$1,556 Deductible	\$275/day for days 1-6; \$0/day for days 7+; \$1,925/yr Max	40%	\$210/day for days 1-6; \$0/day for days 7+	30%	\$250/day for days 1-7; \$/day for days 8+; \$1,750/yr max OOP	35%	\$205/day for days 1-7; \$0/day for days 8+; \$1,435/yr max OOP	30%	\$370/day for days 1-5; \$0/day for days 6+; \$1,850/yr max OOP	50%
Inpatient Mental Health	\$1,556 Deductible	\$275/day for days 1-6; \$0/day for days 7+	50%	\$270/day for days 1-6; \$0/day for days 7+	30%	\$270/day for days 1-6; \$0/day for days 7+; \$1,620/yr max OOP	35%	\$270/day for days 1-6; \$0/day for days 7+; \$1,620/yr max OOP	30%	\$370/day for days 1-6; \$0/day for days 7+; \$1,850/yr max OOP	50%
Skilled Nursing Facility	\$0/day days 1-20; \$194.50/day days 21-100	\$0/day for days 1-20; \$188/day for days 21-100	40%	\$0/day for days 1-20; \$188/day for days 21-100	30%	\$0/day for days 1-20; \$188/day for days 21-100	35%	\$0/day for days 1-20; \$188/day for days 21-100	30%	\$0/day for days 1-20; \$188/day for days 21-100	50%
Home Health Care	\$0	\$0	40%	\$0	40%	\$0	35%	\$0	25%	\$0	50%
Preventive Tests, Screenings, Shots	\$0	\$0	40%	\$0	20%	\$0	35%	\$0	25%	\$0	50%
Dialysis	20%	20%	20%	20%	20%	20%	35%/20%	20%	20%/50%	20%	20%/50%

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health 716-635-4900				BlueCross/BlueShield 1-800-248-9296					
		Medicare Passport Advantage PPO		Medicare Passport Prime		Forever Blue Value PPO		Forever Blue 751 PPO		Freedom Nation PPO	
Premiums	\$170.10	\$99		\$225		\$145		\$204		\$25	
Deductible	\$233	\$0		\$0		0 Ded; \$35/qtr OTC		0 Ded; \$35/qtr OTC		0 Ded; \$25/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$15/\$47/40%, 30%, \$150 deductible for tiers 3-5; 20% Part B Drugs	Copays \$0/\$15/\$47/40%, 30%, \$150 deductible for tiers 3-5; 40% Part B Drugs OON	Copays \$0/\$10/\$45/40%, 33%; No deductible; 20% Part B Drugs	Copays \$0/\$10/\$45/40%, 33%; No deductible; 40% Part B Drugs	Copays \$4/\$10/\$42/\$94/33%, No deductible, \$25-20% Part B Drugs	Copays \$4/\$10/\$42/\$94/33%, No deductible, 35% Part B Drugs	Copays \$2/\$8/\$42/\$94/33%, No deductible, \$25-20% Part B Drugs	Copays \$2/\$8/\$42/\$94/33%, No deductible, 25% Part B Drugs	Copays \$0/\$12/\$42/\$94/28%, \$290 deductible for Tiers 3-5, 20% Part B Drugs	Copays \$0/\$12/\$42/\$94/28%, \$290 deductible for Tiers 3-5, 20% Part B Drugs
Vision Services	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + coverage for retinopathy exam/	\$0 Eye Exam; \$200/yr Eyewear Allowance; Combined IN & OON	\$65 Eye Exam; \$200/yr Eyewear Allowance; Combined IN & OON	\$0 Eye Exam; \$200/yr Eyewear Allowance; Combined IN & OON	\$65 Eye Exam; \$200/yr Eyewear Allowance; Combined IN & OON	\$25-\$30 Eye Exam; \$200/yr Eyewear Allowance	20%-35% Eye Exam; \$200/yr Eyewear Allowance	\$25 Eye Exam; \$200/yr Eyewear Allowance	20%-25% Eye Exam; \$200/yr Eyewear Allowance	\$25-\$35 Eye Exam; \$100/yr Eyewear Allowance	20%-50% Eye Exam; \$100/yr Eyewear Allowance
Hearing Services	20%	\$0-\$35 Exam; \$45 Aid Eval. Exam; \$499-\$2,799/aid for Start Hearing Network	40% Exam; \$45 Aid Eval. Exam; \$499-\$2,799/aid for Start Hearing Network	\$0-\$30 Exam; \$45 Aid Eval. Exam; \$499-\$2,799/aid for Start Hearing Network	20%-\$45 Exam; \$45 Aid Eval. Exam; \$499-\$2,799/aid for Start Hearing Network	\$45 Exam; \$45 Aid Eval. Exam; \$599-\$899/aid	35% Exam; \$45 Aid Eval. Exam; \$599-\$899/aid	\$45 Exam; \$45 Aid Eval. Exam; \$599-\$899/aid	25% Exam; \$45 Aid Eval. Exam; \$599-\$899/aid	\$45 Exam; \$45 Aid Eval. Exam; \$699-\$999/aid	50% Exam; \$45 Aid Eval. Exam; \$699-\$999/aid
Diabetic Training and Supplies	20%	\$0	40%	\$0	20%	\$0	35%-50%	\$0	25%-50%	\$0	50%
Dental Coverage	Limited Coverage 20%	\$20 / 2 preventive services annually	\$20 Copay for preventive; 50%	\$0 Copay for preventive; \$3,000/yr for comp. at 50% coins.	Not Available	\$10 Copay for preventive; optional dental available	\$10 Copay for preventive; optional dental available	\$10 Copay for preventive; optional dental available	\$10 Copay for preventive; optional dental available	\$10 Copay for preventive; optional dental available	\$10 Copay for preventive; optional dental available
Max out of Pocket		\$6,900	\$11,300	\$6,900	\$11,300	\$6,700	\$10,000	\$6,700	\$10,000	\$7,550	\$11,300
Full LIS		\$56.60		\$182.60		\$121.30		\$173.00		\$11	
Full LIS & EPIC		\$14.17		\$140.17		\$88.90		\$135.00		\$0	

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	MVP Healthcare 1-800-665-7924				WELLCARE TODAY'S OPTIONS 1-866-249-8668							
		Patriot Plan PPO		Well Select with Part D PPO		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
PREMIUMS	\$170.10	\$45		\$80		\$30.70 ; \$1,000 Flex Card		\$0 Premium ; \$74 Part B Reimbursement		\$121		\$0; with Transportation	
Deductible	\$233	\$0 Ded; with transportation; OTC Card \$25/qtr		\$0 Ded; OTC Card \$25/qtr		\$0 Ded. OTC Card \$150/qtr.		\$0 Ded. OTC Card \$30/qtr.		\$0 Ded. OTC Card \$135/qtr.		\$0 Ded. OTC Card \$85/qtr.	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$60	\$0	\$60	\$0	\$0	\$0	\$25	\$0	\$10	\$0	\$25
Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%	\$30	\$60	\$45	\$60	\$35	\$35	\$50	40%	\$25	\$35	\$40	\$60
Outpatient Mental Health	20%	\$20	\$60	\$40	\$60	\$25	30%	\$25	\$50	\$25	30%	\$25	30%
Outpatient Substance Abuse	20%	\$20	\$60	\$40	\$60	\$25	30%	\$25	\$50	\$25	30%	\$25	30%
Outpatient Surgery	20%	\$200/\$300	40%	\$300/\$400	40%	\$250/\$300	30%	\$250/\$350	40%	\$150/\$200	30%	\$250/\$300	30%
Emergency Care	20%	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$120	\$120	\$90	\$90
Urgent Care	20%	\$40	\$40	\$65	\$65	\$35	\$35	\$40	\$40	\$35	\$35	\$35	\$35
Ambulance Services	20%	150/\$300	150/\$300	200/\$400	200/\$400	\$315	\$315	\$290	\$290	\$350	\$350	\$350	\$350
Durable Medical Equipment	20% Medicare Approved	20%	40%	20%	40%	20%	20%	20%	20%	20%	30%	20%	20%
Prosthetic Devices	20%	\$0-20%	40%	20%	40%	20%	20%	20%	20%	20%	30%	20%	20%
Cardiac Rehab	20%	\$0	\$60	\$15	\$60	\$40	30%	\$45	40%	\$15	30%	\$40	30%
X-Rays	20%	\$50	\$60	\$50	\$60	\$0	30%	\$0	40%	\$0	30%	\$0	30%
Diagnostic Services	20%	\$30-\$125	40%	\$50-\$150	40%	\$100/\$300	30%	\$350	40%	\$100/\$200	30%	\$100/\$300	30%
Lab Services	\$0	\$0	40%	\$0-10	40%	\$0	30%	\$0	40%	\$0	30%	\$0	30%
Radiation Therapy	20%	20%	40%	20%	40%	0-20%	30%	0-20%	40%	0-20%	30%	0-20%	30%
Chiropractic Care	limited coverage 20%	\$10	\$20	\$15	\$20	\$20	30%	\$20	40%	\$20	30%	\$20	30%

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12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	MVP Healthcare 1-800-665-7924				WELLCARE TODAYS OPTIONS 1-866-249-8668							
		Patriot Plan PPO		Well Select with Part D PPO		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
Premiums	\$170.10	\$45		\$80		\$30.70		\$0 Premium; \$74 Part B Reimbursement		\$121		\$0; with Transportation	
Deductible	\$233	\$0 Ded; with transport.; OTC Card \$25/qtr		\$0 Ded; OTC Card \$25/qtr		\$0 Ded. OTC Cared \$150/qtr.		\$0 Ded. OTC Card \$30/qtr.		\$0 Ded. OTC Card \$135/qtr.		\$0 Ded. OTC Card \$85/qtr.	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$30	\$60	\$45	\$60	\$35	\$35	\$50	40%	\$25-limits	\$35-limits	\$40-limits	\$60-limits
Routine Foot Care	Not Covered	\$0	\$60	\$0	\$60	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
P.T., O.T. and Speech Therapy	20%	\$30-\$30	\$60	\$40	\$60	\$40	30%	\$40	\$50	\$15	30%	\$40	30%
Inpatient Hospital	\$1,556 Deductible	\$375/day for days 1-5, \$0/day for days 6+	40%	\$360/day for days 1-5; \$0/day for days 6+	40%	\$500/day for days 1-4; \$0/day for days 5-90	\$500/day for days 1-4; \$0/day for days 5-90	\$370/day for days 1-5; \$0/day for days 6-90	20% for total cost days 1-90	\$600/ stay	20% of total cost for days 1-90	\$325/day for days 1-6; \$0/day for days 7-90	30% of total cost for days 1-90
Inpatient Mental Health	\$1,556 Deductible	\$370/day for days 1-5, \$0/day for days 6+	40%	\$360/day for days 1-5; \$0/day for days 6+	40%	\$465/day for days 1-4; \$0/day for days 5-90	\$465/day for days 1-4; \$0/day for days 5-90	\$370/day for days 1-5; \$0/day for days 6-90	40% for total cost days 1-90	\$500/ stay	20% of total cost for days 1-91	\$300/day for days 1-6; \$0/day for days 7-90	30% of total cost for days 1-90
Skilled Nursing Facility	\$0/day days 1-20; \$194.50/day days 21-100	\$0/day for days 1-20; \$188/day for days 21-100	40%	\$0/day for days 1-20; \$188/day for days 21-100	40%	\$0/day for days 1-20; \$184/day for days 21-100	\$0/day for days 1-20; \$184/day for days 21-100	\$0/day for days 1-20; \$184/day for days 21-100	20%/day for days 1-100	\$0/day for days 1-20; \$150/day for days 21-100	\$0/day for days 1-20; \$200/day for days 21-100	\$0/day for days 1-20; \$165/day for days 21-100	\$0/day for days 1-20; \$250/day for days 21-100
Home Health Care	\$0	\$0	40%	\$0	40%	\$0	30%	\$0	40%	\$0	30%	\$0	30%
Preventive Tests, Screenings, Shots	\$0	\$0	\$0	\$0	40%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dialysis	20%	20%	20%	20%	20%	20%	30%	20%	40%	20%	30%	20%	30%

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	MVP Healthcare 1-800-665-7924				WELLCARE TODAYS OPTIONS 1-866-249-8668							
		Patriot Plan PPO		Well Select with RX PPO		Assist Open		Giveback Open		Premium Ultra Open		No Premium Open	
Premiums	\$170.10	\$45		\$80		\$30.70		\$0 Premium; \$74 Part B Reimbursement		\$121		\$0; with Transportation	
Deductible	\$233	\$0 Ded; with transportation; OTC Card \$25/qtr		\$0 Ded; OTC Card \$25/qtr		\$0 Ded. OTC Card \$150/qtr.		\$0 Ded. OTC Card \$30/qtr.		\$0 Ded. OTC Card \$135/qtr.		\$0 Ded. OTC Card \$85/qtr.	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$15/\$45/25%/27%; \$250 deductible for Tiers 3-5; Part B Drugs-20%	Copays \$0/\$15/\$45/25%/27%; \$250 Ded. For Tiers 3-5 Part B Drugs-40%	Copays \$0/\$10/\$47/25%/25%; \$250 deductible for Tiers 3-5; Part B Drugs-20%	Copays \$0/\$10/\$47/25%/25%; \$250 deductible for Tiers 3-5; Part B Drugs-40%	Copays \$0/\$15/\$45/44%/25%; \$480 deductible for Tiers 2-5; Part B Drugs-20%	Copays \$0/\$15/\$45/44%/25%; \$480 deductible for Tiers 2-5; Part B Drugs-30%	Copays \$1/\$7/\$37/48%/27%; \$325 deductible for Tiers 3-5; Part B Drugs-20%	Copays \$1/\$7/\$37/48%/27%; \$325 deductible for Tiers 3-5; Part B Drugs-40%	Copays \$0/\$5/\$35/43%/33%; No deductible; Part B Drugs-20%	Copays \$0/\$5/\$35/45%/33%; No deductible; Part B Drugs-30%	Copays \$0/\$7/\$37/42%/33%; No deductible; Part B Drugs-20%	Copays \$0/\$7/\$37/42%/33%; No deductible; Part B Drugs-30%
Vision Services	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics	\$0 Routine Eye Exams; \$20 Diagnostic exam; \$175/yr eyewear allowance	\$0 routine; \$60 diagnostic exam; 40%/\$175 max eyewear allowance	\$0 Routine Eye Exam; \$45 Diagnostic Exam; 20%/\$175/yr eyewear allowance	\$0 Routine; \$60 Diagnostic Exam; 40%/\$175/yr eyewear allowance	\$0 copay for exam; \$200/yr eyewear coverage	40% copay for services and eyewear up to \$200/yr	\$0 copay for exam; \$100/yr eyewear coverage	40% copay for services and eyewear up to \$100/yr	\$0 Eye Exam; \$200/yr Eyewear Allowance	40% copay for services and eyewear up to \$200/yr	\$0 Eye Exam; \$200/yr Eyewear Allowance	40% copay for services and eyewear up to \$200/yr
Hearing Services	20%	\$0 Exam; \$699-\$999/yr per aid Tru Hearing	\$60 exam; aid Not Covered	\$0-\$45 Exam; \$699-\$999/yr per aid Tru Hearing	\$60 exam; aid Not Covered	\$0 exam; \$0 copay for \$1,500/yr max for 2 aids	40% exam; 40% copay for \$1,500/yr max for 2 aids	\$0 exam; \$0 copay for \$700/yr max for 2 aids	40% exam; 40% copay for \$700/yr max for 2 aids	\$0 exam; \$1,500/yr max for 2 aids	\$5	\$0 exam; \$1,500/yr max for 2 aids	\$40% exam; \$1,500/yr max for 2 aids
Diabetic Training/Supplies	20%	\$0 copay for One Touch Brand	40%	\$0 copay for One Touch Brand	40%	\$0-20%	20%	\$0-20%	20%	\$0-20%	30%	\$0-20%	20%
Dental Coverage	Limited Coverage 20%	2/yr (exam, cleaning, x-rays); optional coverage \$25/mo	2/yr (exam, cleaning, x-rays); optional coverage \$25/mo	2/yr (exam, cleaning, x-rays); Optional coverage \$25/mo	2/yr (exam, cleaning, x-rays); Optional coverage \$25/mo	\$0 copay for preventive and comp. up to \$3,000/yr max	50% copay for preventive and comp. up to \$3,000/yr max	\$0 copay for preventive and comp. up to \$500/yr	50% copay for preventive and comp. up to \$500/yr	\$0 copay for preventive and comp. up to \$1,000/yr	50% copay for preventive and comp. up to \$1,000/yr	\$0 copay for preventive and comp. up to \$1,000/yr	50% copay for preventive and comp. up to \$1,000/yr
Max out of Pocket		\$7,550	\$11,300	\$7,550	\$11,300	\$6,700	\$10,000	\$7,550	\$11,300	\$3,400	\$3,400	\$6,700	\$7,600
Full LIS		\$2.60		\$37.60		\$0.00		\$0.00		\$86.20		\$0.00	
Full LIS & EPIC		\$0.00		\$0.00		\$0.00		\$0.00		\$43.77		\$0.00	

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079							
		Plan 1		Plan 3		Plan 4		Patriot Plan No RX	
PREMIUMS	\$170.10	\$16		\$46		\$84		\$0	
Deductible	\$233	\$0		\$0		\$0		0 Ded; \$40 Credit	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	\$50	\$0	\$50	\$0	\$50	\$0	\$50
Wellness Exam	\$0	\$0	0-40%	\$0	0-40%	\$0	\$0-40%	\$0	40%
Specialty Visits	20%	\$40	\$75	\$40	\$75	\$30	\$75	\$25	\$75
Outpatient Mental Health	20%	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40
Outpatient Substance Abuse	20%	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40	\$15-\$25	\$30-\$40
Outpatient Surgery	20%	\$0-\$375	40%	\$0-\$340	40%	\$0-\$325	40%	\$0-\$250	40%
Emergency Care	20%	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Urgent Care	20%	\$40	\$40	\$40	40%	\$40	\$40	\$40	\$40
Ambulance Services	20%	\$275	\$275	\$275	\$275	\$275	\$275	\$250	\$250
Durable Medical Equipment	20% Medicare Approved	20%	50%	20%	50%	20%	50%	20%	50%
Prosthetic Devices	20%	20%	50%	20%	50%	20%	50%	20%	50%
Cardiac Rehab	20%	\$20	40%	\$0	40%	\$0	40%	\$0	40%
X-Rays	20%	\$35	\$35	\$40	\$40	\$30	\$30	\$35	\$35
Diagnostic Services	20%	\$0-\$175	40%	\$0-\$160	40%	\$0-\$175	40%	\$0-\$150	40%
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	\$60	40%	\$50	40%	\$40	40%	\$60	40%
Chiropractic Care	limited coverage 20%	\$20	\$75	\$20	\$75	\$20	\$75	\$20	\$75

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079							
		Plan 1		Plan 3		Plan 4		Patriot Plan No RX	
Premiums	\$170.10	\$16		\$46		\$84		\$0	
Deductible	\$233	\$0		\$0		\$0		0 Ded; \$40 Credit	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$40	\$75	\$40	\$75	\$30	\$75	\$25	\$75
Routine Foot Care	Not Covered	6 visits/yr=\$40 ea	6 visits/yr=\$75 ea	6 visits/yr=\$40 ea	6 visits/yr=\$75 ea	6 visits/yr=\$30 ea	6 visits/yr=\$75 ea	6 visits/yr=\$25 ea	6 visits/yr=\$75 ea
P.T., O.T. and Speech Therapy	20%	\$40	\$75	\$40	\$75	\$30	\$75	\$25	\$75
Inpatient Hospital	\$1,556 Deductible	\$375/day for days 1-5; \$0/day for unlimited days after that	\$500/day for days 1-20; \$0/day for unlimited days after that	\$360/day for days 1-5; \$0/day for days 6+ unlimited/day after	\$500/day for days 1-20; \$0/day for days 21+ unlimited/day after	\$315/day for days 1-5; \$0/day for days 6+ unlimited/day after	\$500/day for days 1-20; \$0/day for days 21+ unlimited/day after	\$345/day for days 1-4; \$0/day for days 5+ unlimite/day after	\$500/day for days 1-20; \$0/day for days 21+ unlimited/day after
Inpatient Mental Health	\$1,556 Deductible	\$375/day for days 1-4; \$0/day for days 5-90	\$500/day for days 1-20; \$0/day for days 21-90	\$360/day for days 1-5; \$0/day for days 6-90	\$500/day for days 1-20; \$0/day for days 21-90	\$315/day for days 1-5; \$0/day for days 6-90	\$500/day for days 1-20; \$0/day for days 21-90	\$345/day for days 1-4; \$0/day for days 5-90	\$500/day for days 1-20; \$0/day for days 21-90
Skilled Nursing Facility	\$0/day days 1-20; \$194.50/day days 21-100	\$0/day for days 1-20; \$188/day for days 21-59; \$0/day for days 60-100	\$225/day for days 1-45; \$0/day for days 46-100	\$0/day for days 1-20; \$188/day for days 21-57; \$0/day for days 58-100	\$225/day for days 1-45; \$0/day for days 46-100	\$0/day for days 1-20; \$188/day for days 21-56; \$0/day for days 57-100	\$225/day for days 1-45; \$0/day for days 41-100	\$0/day for days 1-20; \$184/day for days 21-56; \$0/day for days 57-100	\$225/day for days 1-45; \$0/day for days 46-100
Home Health Care	\$0	\$0	50%	\$0	50%	\$0	50%	\$0	50%
Preventive Tests, Screenings, Shots	\$0	\$0	0-40%	\$0	0-40%	\$0	0-40%	\$0	0-40%
Dialysis	20%	20%	20%	20%	20%	20%	20%	20%	20%

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	United Healthcare Medicare Complete Choice 1-888-417-5079							
		Plan 1		Plan 3		Plan 4		Patriot Plan No RX	
Premiums	\$170.10	\$16		\$46		\$84		\$0	
Deductible	\$233	\$0		\$0		\$0		0 Ded; \$40 Credit	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$12/\$47/\$100/28%; \$300 Deductible, Tiers 3-5; Part B Drugs-20%; Select Insulin \$35; \$0/Mail Order Tiers 1-2	Copays \$0/\$12/\$47/\$100/28%; \$300 Deductible, Tiers 3-5; Part B Drugs-40%; Select Insulin \$35; \$0/Mail Order Tiers 1-2	Copays \$0/\$14/\$47/\$100/28%; \$250 Deductible, Tiers 3-5; Part B-20%; Select Insulin \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$14/\$47/\$100/28%; \$250 Deductible, Tiers 3-5; Part B-40%; Select Insulin \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$12/\$47/\$100/30%; \$150 Deductible, Tiers 3-5; Part B Drugs-20%; Select Insulins \$35; \$0/Mail Order, Tiers 1-2	Copays \$0/\$12/\$47/\$100/30%; \$150 Deductible, Tiers 3-5; Part B Drugs-40%; Select Insulins \$35; \$0/Mail Order, Tiers 1-2	Part D-not covered; Part B Drugs-20%	Part D-not covered; Part B Drugs-40%
Vision Services	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$100/yr eyewear allowance UHC Vision	\$75 Eye Exam; 40% Post-cataract Surgery Eyewear; \$0 copay \$100/yr eyewear allowance from UHC Vision	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$200/yr eyewear allowance from UHC Vision	\$75 Eye Exam; 40% Post-cataract Surgery Eyewear; \$0 copay \$200/yr eyewear allowance from UHC Vision	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$300/yr eyewear allowance from UHC Vision	\$75 Eye Exam; 40% Post-cataract Surgery Eyewear; \$0 copay \$300/yr eyewear allowance from UHC Vision	\$0 Eye Exam; \$0 Post-cataract Surgery Eyewear; \$0 copay \$100/yr eyewear allowance from UHC Vision	\$75 Eye Exam; 40% Post-cataract Surgery Eyewear; \$0 copay \$100/yr eyewear allowance from UHC Vision
Hearing Services	20%	Exam-\$0/yr; \$375-\$1,425/aid per yr from UHC Hearing	Exam-\$75/yr; \$375-\$1,425/aid per yr from UHC Hearing	Exam-\$0/yr; \$375-\$1,425/aid per yr from UHC Hearing	Exam-\$75/yr; \$375-\$1,425/aid per yr from UHC Hearing	Exam-\$0/yr; \$375-\$1,425/aid per yr from UHC Hearing	Exam-\$75/yr; \$375-\$1,425/aid per yr from UHC Hearing	Exam-\$0/yr; \$375-\$1,425/aid per year from UHC Vision	Exam-\$75/yr; \$375-\$1,425/aid per yr from UHC Vision
Diabetic Training/Supplies	20%	\$0 for covered brands	50%	\$0 for covered brands	50%	\$0 for covered brands	50%	\$0 for covered brands	50%
Dental Coverage	Limited Coverage 20%	\$0 preventive; \$40/mo. for optional dental coverage	\$0 preventive; \$40/mo. for optional dental coverage	\$0 preventive; \$40/mo. for optional dental coverage	\$0 preventive; \$40/mo. for optional dental coverage	\$0 preventive; \$40/mo. for optional dental coverage	\$0 preventive; \$40/mo. for optional dental coverage	\$0 preventive; \$40/mo. for optional dental coverage	\$0 preventive; \$40/mo. for optional dental coverage
Max out of Pocket		\$7,200	\$10,000	\$6,900	\$10,000	\$6,700	\$10,000	\$6,700	\$10,000
Full LIS		\$0		\$11.80		\$41.60		\$0	
Full LIS & EPIC		\$0		\$11.80		\$41.60		No RX	

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-520-3857					
		Medicare Credit PPO		Medicare Premier PPO		Medicare Eagle PPO (NO RX)	
PREMIUMS	\$170.10	\$0		\$0		\$0	
Deductible	\$233	\$0 Deductible \$35 Part B Reimbursement		\$0 Deductible; \$45/qtr OTC		\$0 Deductible; \$45/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$15	\$50	\$0	\$40	\$0	\$25
Wellness Exam	\$0	\$0	0-30%	\$0	0-20%	\$0	0-50%
Specialty Visits	20%	\$45	\$60	\$35	\$50	\$40	\$55
Outpatient Mental Health	20%	\$40	30%	\$40	20%	\$40	50%
Outpatient Substance Abuse	20%	\$40	30%	\$40	30%	\$40	50%
Outpatient Surgery	20%	\$395	30%	\$335	20%	\$350	50%
Emergency Care	20%	\$90	\$90	\$90	\$90	\$90	\$90
Urgent Care	20%	\$50	\$90	\$50	\$50	\$50	\$50
Ambulance Services	20%	\$300	\$300	\$270	\$270	\$300	\$300
Durable Medical Equipment	20% Medicare Approved	20%	30%	20%	20%	20%	50%
Prosthetic Devices	20%	20%	30%	20%	20%	20%	50%
Cardiac Rehab	20%	\$45	30%	\$35	20%	\$40	50%
X-Rays	20%	\$50	30%	\$50	20%	\$50	50%
Diagnostic Services	20%	\$450	30%	\$225	20%	\$300	50%
Lab Services	\$0	\$20	30%	\$0	20%	\$0	\$30
Radiation Therapy	20%	\$50	30%	\$35	20%	\$0-\$45	50%
Chiropractic Care/ Accupuncture	limited coverage 20%	20 \$45/12 visits	30% \$60	20 \$35/12 visits	20% \$50	\$20 \$40/12 visits	50% \$55

2022 Medicare PPO Plans for Erie County

12/8/2021

	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-520-3857					
		Medicare Credit PPO		Medicare Premier PPO		Medicare Eagle PPO (NO RX)	
Premiums	\$170.10	\$0		\$0		\$0	
Deductible	\$233	\$0 Deductible \$35 Part B Reimbursement		\$0 Deductible; \$45/qtr OTC		0 Deductible; \$45/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$45	\$60	\$35	\$50	\$40	\$55
Routine Foot Care	Not Covered	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions	Certain condtions
P.T., O.T. and Speech Therapy	20%	\$50	30%	\$40	30%	\$40	50%
Inpatient Hospital	\$1,556 Deductible	\$395/day for days 1-5; \$0/day for days 6+	\$500/day for days 1-20; \$0/day for days 21+	\$335/day for days 1-6; \$0/day for days 7+	\$500/day for days 1-7; \$0/day for days 8+	\$350/day for days 1-5; \$0/day for days 6-90	50%
Inpatient Mental Health	\$1,556 Deductible	\$1,871/stay	30%/stay	\$374/day for days 1-5; \$0/day for days 6+	20%/stay	\$374/day for days 1-5; \$0/day for day 6-91	50%/stay
Skilled Nursing Facility	\$0/day days 1-20; \$194.50/day days 21-100	\$0/day for days 1-20; \$188/day for days 21-100	30%/stay	\$0/day for days 1-20; \$188/day for days 21-100	20%/stay	\$0/day for days 1-20; \$188/day for days 21-100	50%/stay
Home Health Care	\$0	\$0	0%/30%	\$0	\$0-20%	\$0	\$0-50%
Preventive Tests, Screenings, Shots	\$0	\$0	0%/30%	\$0	\$0-20%	\$0	\$0-50%
Dialysis	20%	20%	30%	20%	50%	20%	50%

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	AETNA MEDICARE 1-585-520-3857					
		Medicare Credit PPO		Medicare Premier PPO		Medicare Eagle PPO	
Premiums	\$170.10	\$0		\$0		\$0	
Deductible	\$233	\$0 Ded.; \$35 Part B Reimbursement		\$0 Deductible; \$45/qtr. OTC		0 Deductible; \$45/qtr OTC	
		IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	Copays \$0/\$0/\$47/\$350/27%; \$250 deductible, Tiers 3-5; Part B Drugs-20%	Copays \$0/\$5/\$47/\$350/27%; \$250 deductible, Tiers 3-5; Part B Drugs-30%	Copays \$0/\$10/\$47/\$100/28%; \$250 deductible, Tiers 3-5; Part B Drugs-20%	Copays \$0/\$10/\$47/\$100/28%; \$250 deductible, Tiers 3-5; Part B Drugs-20%	Part B Covered Drugs-20%; No Part D	Part B Covered Drugs-50%; No Part D
Vision Services	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics	\$0-\$45 exam; \$150/yr. Eyewear Coverage	\$60 exam; \$150/yr. Eyewear Coverage	\$0-\$35 exam; \$200/yr. Eyewear Coverage	\$50 exam; \$200/yr. Eyewear Coverage	\$0-\$40 exam; \$200/yr. Eyewear Coverage	\$0-\$55 exam; \$200/yr. Eyewear Coverage
Hearing Services	20%	\$0-\$50 exam; \$750/yr. per aid from NationsHearing	\$60 exam; \$750/yr. per aid from NationsHearing	\$0-\$45 exam; \$1,250/yr. for 2 aids from NationsHearing	\$50 exam; \$1,250/yr. for 2 aids from NationsHearing	\$0-\$40 exam; \$1,250/yr. per aid from NationsHearing	\$55 exam; \$1,250/yr. per aid from NationsHearing
Diabetic Training/Supplies	20%	0%-20% (specific brands covered)	0%-20% (specific brands covered)	0%-20% (specific brands covered)	0%-20% (specific brands covered)	0%-20% (specific brands covered)	50%
Dental Coverage	Limited Coverage 20%	Premium \$14 \$0 Copay for preventive; 20% copay for comprehensive up to \$1,000/yr.	30% Copay for preventive; 50% copay for comprehensive up to \$1,000/yr.	\$2,000/yr. max for preventive and comprehensive	\$2,000/yr. max for preventive and comprehensive	\$1,000/yr. max for preventive and comprehensive	\$1,000/yr. max for preventive and comprehensive
Max out of Pocket		\$7,550	\$11,300	\$6,500	\$8,000	\$7,550	\$11,300
Full LIS		\$0.00		\$0.00		\$0.00	
Full LIS & EPIC		\$0.00		\$0.00		\$0.00	

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-800 851-1629							
		Humana Choice 001		Humana Choice 015		Humana Choice 018		Humana Honor	
PREMIUMS	\$170.10	\$17		\$0		\$0		\$0	
Deductible	\$233	\$0		\$0		\$400 Ded; \$50 Rebate		\$0 Ded; \$40 Rebate	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%	\$0	30%	\$0	30%	\$0	30%	\$0	30%
Wellness Exam	\$0	\$0	30%	\$0	30%	\$0	30%	\$0	30%
Specialty Visits	20%	\$35	30%	\$35	30%	\$40	30%	\$40	30%
Outpatient Mental Health	20%	35-\$100	30%	\$35-\$100	30%	\$40-\$100	30%	\$40-\$100	30%
Outpatient Substance Abuse	20%	\$0-35	30%	\$0-35	30%	\$0-\$40	30%	\$0-\$40	30%
Outpatient Surgery	20%	\$200/\$250	30%	\$275/\$325	30%	\$400/\$450	30%	\$300/\$350	30%
Emergency Care	20%	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Urgent Care	20%	\$25	30%	\$25	30%	\$25	30%	\$20	20%
Ambulance Services	20%	\$270	\$270	\$290	\$290	\$290	\$290	\$270	\$270
Durable Medical Equipment	20% Medicare Approved	\$0-20%	20%	20%	30%	14%	20%	19%	19%
Prosthetic Devices	20%	20%	20%	20%	30%	14%	20%	19%	30%
Cardiac Rehab	20%	\$30	30%	\$30	30%	\$30	30%	\$30	30%
X-Rays	20%	\$0-\$85	30%	\$0-\$90	30%	\$0-\$95	30%	\$0-\$90	20%-30%
Diagnostic Services	20%	\$0-\$250	30%	\$0-\$325	30%	\$0-\$400	30%	\$0-\$350	30%
Lab Services	\$0	\$0-\$35	30%	\$0-\$35	30%	\$0-\$40	30%	\$0-\$40	20%-30%
Radiation Therapy	20%	20%	20%	20%	20%	20%	20%	20%	20%
Chiropractic Care/ Accupuncture	limited coverage 20%	5 \$35	30% 30%	10 \$35	30% 30%	\$15	30%	\$0	30%

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-800-851-1629							
		Humana Choice 001		Humana Choice 015		Humana Choice 018		Humana Honor	
Premiums	\$170.10	\$17		\$0		\$0		\$0	
Deductible	\$233	\$0		\$0		\$400 Ded; \$50 Rebate		\$0 Ded; \$40 Rebate	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Medically Necessary Foot Care	20% (medical limits apply)	\$35	30%	\$35	30%	\$40	30%	\$40	30%
Routine Foot Care	Not Covered	30%	30%	30%	30%	30%	30%	30%	30%
P.T., O.T. and Speech Therapy	20%	\$35	30%	\$35	30%	\$40	30%	\$40	30%
Inpatient Hospital	\$1,556 Deductible	\$250/day for days 1-5; \$0/day for days 6-90	\$395/day for days 1-7; \$0/day for days 8-90	\$325/day for days 1-5; \$0/day for days 6-90	\$700/day for days 1-14; \$0/day for days 15-90	\$650 per stay	30%	\$350/day for days 1-5; \$0/day for days 6-90	30%
Inpatient Mental Health	\$1,556 Deductible	\$250/day for days 1-5; \$0/day for days 6-90	\$395/day for days 1-7; \$0/day for days 8-90	\$325/day for days 1-5; \$0/day for days 6-90	\$700/day for days 1-14; \$0/day for days 15-90	\$650 per stay	30%	\$350/day for days 1-5; \$0/day for days 6-90	30%
Skilled Nursing Facility	\$0/day days 1-20; \$194.50/day days 21-100	\$0/day for days 1-20; \$188/day for days 21-100	30% of cost for days 1-100	\$0/day for days 1-20; \$188/day for days 21-100	30% for cost of days 1-100	\$0/day for days 1-20; \$188/day for days 21-100	30% for cost of days 1-100	\$0/day for days 1-20; \$188/day for days 21-100	30% for cost of days 1-100
Home Health Care	\$0	0-20%	0-30%	0-20%	0-30%	\$0	\$0	\$0	\$0
Preventive Tests, Screenings, Shots	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dialysis	20%	20%	30%	20%	30%	20%	30%	20%	30%

2022 Medicare PPO Plans for Erie County

12/8/2021

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	HUMANA 1-800-851-1629							
		Humana Choice 001		Humana Choice 015		Humana Choice 018		Humana Honor 016	
Premiums	\$170.10	\$17		\$0		\$0		\$0	
Deductible	\$233	\$0		\$0		\$400 Ded; \$50 Rebate		\$0 Ded; \$40 rebate	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prescription Drugs	20% Part B Covered only; No part D	\$2/\$8/\$47/\$100/33%; No Deductible; 20% Part B Drugs	10/\$20/\$47/\$100/33%; No Deductible; 30% Part B Drugs	\$0/\$9/\$47/\$100/28%; \$250 Deductible Tiers 4-5; 20% Part B Drugs	\$10/\$20/\$47/\$100/28%; \$250 Deductible Tiers 4-5; 30% Part B Drugs	\$6/\$16/\$47/\$100/27; \$310 Deductible Tiers 3-5; 11% Part B Drugs	\$10/\$20/\$47/\$100/27%; \$310 Deductible Tiers 3-5; 11% Part B Drugs	Part D Not Covered; 20% Part D Drugs	Part D Not Covered; 30% Part D Drugs
Vision Services	20% + for 1 pair glasses/frames/contacts after cataract surgery; 20% + coverage for retinopathy exam/yr. for diabetics	\$0-\$35 Eye Exam; \$200/yr Eyewear Allowance	\$0-30% Eye Exam; \$200/yr Eyewear Allowance	\$0-\$35 Eye Exam; \$200/yr Eyewear Allowance	\$0-30% Eye Exam; \$200/yr Eyewear Allowance	\$0-\$40 Exam; Optional vision plan \$15.30/mo	\$0-30%; Optional vision plan \$15.30/mo	\$0-\$40 Exam; \$200/yr Eyewear Allowance	\$0-30% Exam; \$200/yr Eyewear Allowance
Hearing Services	20%	\$0-\$35 Exam; \$669-\$999/yr per aid from Nations Hearing	\$0-30% Exam; \$699-\$999/yr per aid from Nations Hearing	Medicare Covered Hearing - \$35	Medicare Covered Hearing - 30%	Medicare Covered Hearing- \$40	Medicare Covered Hearing- 30%	\$0-\$40 Exam; \$399-\$699/yr per aid from TruHearing	\$0-30% Exam; \$399-\$699/yr per aid from TruHearing
Diabetic Training/Supplies	20%	\$0-20%	30%	\$0-20%	30%	\$0-20%	30%	\$0-20%	30%
Dental Coverage	Limited Coverage 20%	\$0 preventive; Comp. up to \$1,000/yr	50% preventive; Comp. up to \$1,000/yr	\$0 preventive; Comp. up to \$1,000/yr	50% preventive; Comp. up to \$1,000/yr	Medicare covered dental-\$40; optional Dental Plans available	Medicare covered dental-30%; optional Dental Plans available	\$0-\$40 preventive; Comp. up to \$2,000/yr	30%-50% preventive; Comp. up to \$2,000/yr
Max out of Pocket		\$4,500	\$11,000	\$4,900	\$11,000	\$4,800	\$10,000	\$4,500	\$10,000
Full LIS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Full LIS & EPIC		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00