

2023 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY - Prepared by Lifespan (585) 287-6413

	AETNA PLANS Phone: 833-859-6031 (All Rochester Hospitals are In the Aetna Network)			
BENEFIT	Credit PPO Plan	Value PPO Plan	Discover Value PPO Plan	Premier PPO Plan
	(IN) and (OUT) of Ntwrk. Costs	(IN) and (OUT) of Ntwrk. Costs	(IN) and (OUT) of Ntwrk. Costs	(IN) and (OUT) of Ntwrk. Costs
Medicare Star Rating (5 Stars Max.)	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars
Monthly Premium	\$0 / mo. (\$45/mo. Part B Prem. Reduc)	\$0 / mo.	\$22 / mo.	\$53 / mo.
Hospitalization - Inpatient	(IN) Days 1-5 @\$395/da. >5 days @ \$0 (OUT) Days 1-20 @\$500/da. >20 da. @ \$0	(IN) Days 1-6 @\$335/da. >6 days @ \$0 (OUT) Days 1-5 @\$500/da. >5 da. @ \$0	(IN) Days 1-6 @\$335/da. >6 days @ \$0 (OUT) Days 1-5 @\$500/da. >5 da. @ \$0	(IN) Days 1-5 @\$390/da. >5 days @ \$0 (OUT) Days 1-5 @\$500/da. >5 da. @ \$0
Hospital - Observation	\$395(IN) - 30% (OUT)	\$325 (IN) - 30% (OUT)	\$335 (IN) - 30% (OUT)	\$390 (IN) - 20% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	(IN) Days 1-20 @ \$0 (IN) Days 21-100 @\$196 /day (OUT) @30%/Stay	(IN) Days 1-20 @ \$0 (IN) Days 21-100 @\$196 /day (OUT) @30%/Stay	(IN) Days 1-20 @ \$0 (IN) Days 21-100 @\$196 /day (OUT) @30%/Stay	(IN) Days 1-20 @ \$0 (IN) Days 21-100 @\$196 /day (OUT) @20%/Stay
Primary Care Physician / Specialist	\$10 / \$45 (IN) - \$50 / \$60 (OUT)	\$5 / \$40 (IN) - \$50 / \$60 (OUT)	\$0 / \$40 (IN) - \$50 / \$60 (OUT)	\$0 / \$35 (IN) - \$50 / \$60 (OUT)
Telehealth - PC Dr. / Specialist	Copay Same as PCP & Spec. IN & OUT	Copay Same as PCP & Spec. IN & OUT	Copay Same as PCP & Spec. IN & OUT	Copay Same as PCP & Spec. IN & OUT
Chiropractic (Spinal Manipulation)	\$20 (IN) - 30% (OUT)	\$20 (IN) - 30% (OUT)	\$20 (IN) - 30% (OUT)	\$20 (IN) - 20% (OUT)
Outpatient - Hospital / Surgical Facil.	\$395 / \$250 (IN) - 30% (OUT)	\$350 / \$175 (IN) - 30% (OUT)	\$395 / \$175 (IN) - 30% (OUT)	\$390 / \$200 (IN) - 20% (OUT)
Outpatient - Mental Health	\$40 (IN) - 30% (OUT)	\$40 (IN) - 30% (OUT)	\$40 (IN) - 30% (OUT)	\$40 (IN) - 20% (OUT)
Ambulance / Rides to Medical Appt.	\$290 Grd.-\$300 Air (IN & OUT) / No Rides	\$270 Grd.-\$300 Air (IN & OUT) / No Rides	\$275 Grd.-\$300 Air (IN & OUT) / No Rides	\$260 Grd.-\$300 Air (IN & OUT) / No Rides
Emergency / Urgent Care (Worldwide)	\$95 / \$50 in US; \$95 WW	\$95 / \$50 in US; \$95 WW	\$95 / \$50 in US; \$95 WW	\$95 / \$50 in US; \$95 WW
Durable Med Equip.; Dialysis; and Part B Drugs (20% (IN) in all Plans)	20% (IN) - 30% (OUT) Dialysis 20% (IN) - 50% (OUT)	20% (IN) - 30% (OUT) Dialysis 20% (IN) - 50% (OUT)	20% (IN) - 30% (OUT) Dialysis 20% (IN) - 50% (OUT)	20% (IN) - 20% (OUT) Dialysis 20% (IN) - 50% (OUT)
Diagnostic: Lab / Other Procedures	\$5 / \$45 (IN) - 30% / 30% (OUT)	\$0 / \$40 (IN) - 30% / 30% (OUT)	\$0 / \$40 (IN) - 30% / 30% (OUT)	\$0 / \$35 (IN) - 20% / 20% (OUT)
X - Rays (Standard)	\$45 (IN) - 30% (OUT)	\$40 (IN) - 30% (OUT)	\$40 (IN) - 30% (OUT)	\$35 (IN) - 20% (OUT)
Diag. Radiology (MRI, CT, PET, etc.)	\$300 - \$350 (IN) - 30% (OUT)	\$200 (IN) - 30% (OUT)	\$200 - \$250 (IN) - 30% (OUT)	\$200 (IN) - 20% (OUT)
Radiation Therapy (co-pay may apply)	20% (IN) - 30% (OUT)	20% (IN) - 30% (OUT)	20% (IN) - 30% (OUT)	20% (IN) - 20% (OUT)
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	\$0/\$10/\$47/\$100/27% At Preferred Pharmacies (\$350 Drug Deductible Tiers 3-5)	\$0/\$10/\$47/\$100/29% At Preferred Pharmacies (\$250 Drug Deductible Tiers 3-5)	\$0/\$0/\$47/\$100/28% At Preferred Pharmacies (\$300 Drug Deductible Tiers 3-5)	\$0/\$0/\$47/\$100/30% At Preferred Pharmacies (\$195 Drug Deductible Tiers 3-5)
Diabetic Monitoring Supplies (\$0 Continuous Glucose Meter in All Aetna Plans)	\$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Under \$35 for Insulin	\$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Under \$35 for Insulin	\$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Under \$35 for Insulin	\$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Under \$35 for Insulin
Dental Coverage	Optional Dental Rider for \$15/ mo. \$1000/yr. Max. Benefit	\$1000 Preventive and Comprehensive Allowance / yr. Any Dentist	\$0 for 2 Preven. Visits (IN) - 30% (OUT) Optional Dental Rider for \$14/mo. \$2000/yr. Max. Benefit	\$0 for 2 Preven. Visits (IN) - 30% (OUT) Optional Dental Rider for \$14/mo. \$2000/yr. Max. Benefit
Routine Hearing Exam / Hearing Aid Allowance	Exam \$0 (IN) - \$60 (OUT) \$750 / ear Aid Allowance/ yr.	Exam \$0 (IN) - \$60 (OUT) \$1250 / ear Aid Allowance/ yr.	Exam \$0 (IN) - \$60 (OUT) \$1250 / ear Aid Allowance/ yr.	Exam \$0 (IN) - \$60 (OUT) \$1250 / ear Aid Allowance/ yr.
Routine Vision Exam / Glasses Allowance	Exam: \$0 (IN) - \$60 (OUT) \$150 Glasses Allowance / yr.	Exam: \$0 (IN) - \$60 (OUT) \$200 Glasses Allowance / yr.	Exam: \$0 (IN) - \$60 (OUT) \$150 Glasses Allowance / yr.	Exam: \$0 (IN) - \$60 (OUT) \$150 Glasses Allowance / yr.
Health Clubs / Wellness Programs	\$0 Silver Sneakers @ Participating Health Clubs	\$0 Silver Sneakers @ Participating Health Clubs	\$0 Silver Sneakers @ Participating Health Clubs	\$0 Silver Sneakers @ Participating Health Clubs
Travel Benefits - Out of Network	Use Aetna Network Providers in US or the Plan's Out of Network Rates	Use Aetna Network Providers in US or the Plan's Out of Network Rates	Use Aetna Network Providers in US or the Plan's Out of Network Rates	Use Aetna Network Providers in US or the Plan's Out of Network Rates
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$7,550 (IN) \$11,300 (IN & OUT Combined)	\$7,550 (IN) \$11,300 (IN & OUT Combined)	\$7,550 (IN) \$11,300 (IN & OUT Combined)	\$7,550 (IN) \$11,300 (IN & OUT Combined)

Note: The information provided is current as of Oct 15, 2022. Please refer to documents provided by each plan for the most detailed and up-to-date information. This data is intended for comparison purposes only. Lifespan makes no recommendation regarding the appropriateness of any plan for any individual. Call Lifespan 585-287-6413 for assistance.

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	CDPHP HEALTH CARE PLANS Phone: 888-519-4455			
BENEFIT	(CDPHP Plans are not in the Rochester Regional Health Network)			
	Vital RX PPO (IN Network)	Vital RX PPO (OT of Network)	Flex RX PPO (IN Network)	Flex RX PPO (OUT of Network)
Medicare Star Rating (5 Stars Max.)	5 Stars		5 Stars	
Monthly Premium	\$0		\$39.40 / Mo.	
Hospitalization - Inpatient	Days 1-4 @ \$400 IN Network >4 Days @ \$0	40% Out of Network	Days 1-6 @ \$310 IN Network >6 Days @ \$0	30% Out of Network
Hospital - Observation	\$390 per Stay	40%	\$325 per Stay	30%
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$184	40%	Days 1-20 @ \$0 Days 21-100 @ \$145	30%
Primary Care Physician / Specialist	\$0 / \$45	\$50 / 40%	\$0 / \$40	\$40 / 30%
Telehealth Doctor Sessions	\$0 / \$45	\$50 / 40%	\$0 / \$40	\$40 / 30%
Chiropractic(Spinal Manipulation)	\$20	40%	\$20	30%
Outpatient - Hospital / Surgical Facil.	\$390 / \$335	40%	\$325 / \$250	30%
Outpatient - Mental Health	\$40	40%	\$40	\$60
Ambulance / Rides to Medical Appts.	\$265 / Some Rides via PapaPal	\$265	\$255 / Some rides via PapaPal	\$255
Emergency / Urgent Care (Worldwide)	\$90 / \$60		\$90 / \$60	
Durable Med Equip.; Dialysis; and Part B Drugs (20% (IN) in all Plans)	20%	40%	20%	30%
Diagnostic: Lab / Other Procedures	\$0 - \$5 / Cost Varies	40%	\$0 - \$5 / Cost Varies	30%
X - Rays (Standard)	\$40	40%	\$35	\$40
Diag. Radiology (MRI, CT, PET, etc.)	\$220	40%	\$135	30%
Radiation Therapy (co-pay may apply)	20%	40%	20%	30%
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	\$3/\$17/\$47/\$100/26% \$300 Drug Deductible (Tiers 3-5)		\$2/\$14/\$44/\$95/33% No Drug Deductible	
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 - \$10 or 20% Supplies Under \$35 for Insulin	40% Supplies Under \$35 for Insulin	\$0 - \$10 or 20% Supplies Under \$35 for Insulin	30% Supplies Under \$35 for Insulin
Dental Coverage	\$400 Preventive & Comprehensive Allowance		\$450 Preventive & Comprehensive Allowance	
Routine Hearing Exam / Hearing Aid Allowance	\$45 Exam \$599 or \$899 Copay for Aid	40% Exam	\$45 Exam \$599 or \$899 Copay for Aid	\$45 Exam
Routine Vision Exam / Glasses Allowance	\$20 Exam \$150 Glasses Allowance	40% Exam \$150 Glasses Allowance	\$20 Exam \$175 Glasses Allowance	30% Exam
Health Clubs / Wellness Programs	\$0 Silver Sneakers \$100 OTC Allowance @CVS		\$0 Silver Sneakers \$100 OTC Allowance @CVS	
Travel Benefits - Out of Network	Pay Out of Network Rates		Pay Out of Network Rates	
Maximum Out of Pocket Expense (After which Plan pays 100%) <small>Excludes premiums, drugs and uncovered costs</small>	\$7,500 IN Network \$11,300 Combined IN and OUT of Network		\$6,100 IN Network \$10,000 Combined IN and OUT of Network	

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	EXCELLUS BLUE CHOICE PLANS (Page 1) Phone: 800-659-1986				
BENEFIT	(Excellus Plans are Accepted at all Local Hospitals)				
	Extra (HMO)	Select (HMO)	Access PPO (In Network)	Access PPO (Out of Network)	Advanced (HMO-POS)
Medicare Star Rating (5 Stars Max.)	5 Stars	5 Stars	4 Stars		5 Stars
Monthly Premium	\$0 w/ \$27 /mo Part B Refund	\$0	\$19 / mo.		\$37 / mo.
Hospitalization - Inpatient	\$400 /day days 1-5 >5 days @ \$0	\$395/day days 1-5 >5 days @ \$0	\$375 /day for days 1-5 > 5 days @\$0	\$435 /day for days 1-28 >28 days @ \$0	\$360 /day days 1-5 >5 days @ \$0
Hospital - Observation	\$400 / Stay	\$390/ Stay	\$300 / Stay	30%	\$350/ Stay
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$196/day	Days 1-20 @ \$0 Days 21-100 @ \$196/day	Days 1-20 @ \$0 Days 21-100 @ \$196	Days 1-100 @ 30%	Days 1-20 @ \$0 Days 21-100 @ \$196/day
Primary Care Physician / Specialist	\$10/ \$50	\$10 / \$45	\$5 PCP/ \$35 Specialist	\$20 PCP /\$50 Specialist	\$5 / \$40
Telehealth Doctor Sessions	Telehealth Dr. \$10 / \$50	Telehealth Dr. \$10 / \$45	\$5 PCP/ \$35 Specialist	Not Covered	Telehealth Dr. \$5 / \$40
Chiropractic (Spinal Manipulation)	\$10	\$10	\$5	\$20	\$15
Outpatient - Hospital / Surgical Facil.	\$400 / \$400	\$390 / \$390	\$300 / \$300	30%	\$350 / \$350
Outpatient - Mental Health	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)	20%	30%	20% (May Need Prior Auth.)
Ambulance / Rides to Medical Appts.	\$260 / No Rides	\$250 / No Rides	\$260 / No Rides to Medical Appointments		\$225 / No Rides
Emergency / Urgent Care (Worldwide)	\$95 / \$60	\$95 / \$45	\$95 / \$60		\$95 / \$45
Durable Med Equip.; Dialysis; and Part B Drugs (20% (IN) in all Plans)	20%	20%	20%	30%	20%
Diagnostic: Lab / Other Procedures	\$15 / \$15	\$3 / \$3	\$3 / \$3	30% / 30%	\$10 / \$10
X - Rays (Standard)	\$55	\$55	\$55	\$70	\$50
Diag. Radiology (MRI, CT, PET, etc.)	\$300	\$275	\$300	30%	\$250
Radiation Therapy (co-pay may apply)	20%	20%	20%	30%	20%
Part D Prescription Drug Retail Co-Pays (30 day supply) (33% 90 day Discount)	\$0/\$15/\$42/28%/26% (At Preferred Pharmacies) (\$400 Deduct. Tiers 3-5)	\$0/\$15/\$42/\$95/27% (At Preferred Pharmacies) (\$380 Deduct. Tiers 3-5)	\$0/\$15/\$42/\$95/27% (At Preferred Pharmacies) (\$350 Deduct. Tiers 3-5)	NA	\$0/\$15/\$42/\$95/28% (At Preferred Pharmacies) (\$300 Deduct. Tiers 3-5)
Diabetic Monitoring Supplies and Low Cost Insulin (Under \$35)	\$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) \$30/mo for Select Insulin	\$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) \$30/mo for Select Insulin	\$5 / 30 days @ Pref Suppliers \$25 / month Select Insulins	30% for Supplies	\$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) \$25/mo for Select Insulin
Dental Coverage	\$0 for 2 Preventive visits plus Comprehensive Coverage with \$1000 Max Benefit	\$0 for 2 Preventive visits plus Comprehensive Coverage with \$1000 Max Benefit	\$0 for 2 Preventive Visits plus Comprehensive Coverg With \$1000 Maximum Benefit / yr.		\$0 for 2 Preventive visits plus Comprehensive Coverage with \$1000 Max Benefit
Routine Hearing Exam / Hearing Aid Allowance	\$0 Exam by TruHearing \$499 or \$799 copay for Aid	\$0 Exam by TruHearing \$499 or \$799 copay for Aid	\$0 Exam by TruHearing \$499 or \$799 Copay for Aid	Routine Hearing Not Covered	\$0 Exam by TruHearing \$499 or \$799 copay for Aid
Routine Vision Exam / Glasses Allowance	\$50 Exam / yr. \$125 Allow./yr	\$50 Exam / yr \$125 Allowance/ yr.	\$0 Exam / yr. \$200 Allow./yr	\$50 Exam / yr. \$200 Allow./yr	\$0 Exam /yr. \$150 Allow./yr
Health Clubs / Wellness Programs	\$0 for Silver & Fit \$150 Allow. For Non-Partic. \$120 OTC Card	\$0 for Silver & Fit \$150 Allow. For Non-Partic. \$120 OTC Card	\$0 Silver and Fit & \$150 Allow. for Non- Participating facilities \$500 Flex Card for Extra Vision, Dental or Hearing Costs		\$0 for Silver & Fit \$150 Allow. For Non-Partic. \$120 OTC Card
Travel Benefits - Out of Network	Emergency Only	Emergency Only	NA	Pay Out of Network Rates	30% co-pay (OoN) (\$3000 Max Benefit)
Maximum Out of Pocket Expense (After which Plan pays 100%) <small>Excludes premiums, drugs and uncovered costs</small>	\$7,900 In Network	\$7,900 In Network	\$7,900 IN	\$11,700 Combined IN and OUT	\$7,200 In Network

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	EXCELLUS BLUE CHOICE PLANS (Page 2) Phone: 800-659-1986		
BENEFIT	(Excellus Plans are Accepted at all Local Hospitals)		
	Value Plus (HMO-POS)	Optimum (HMO-POS)	
Medicare Star Rating (5 Stars Max.)	5 Stars	5 Stars	
Monthly Premium	\$71 / mo	\$208 / mo.	
Hospitalization - Inpatient	\$310/day days 1-5 >5 days @ \$0	\$285/day days 1-5 >5 days @ \$0	
Hospital - Observation	\$300/ Stay	\$250/ Stay	
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$196/day	Days 1-20 @ \$0 Days 21-100 @ \$196/day	
Primary Care Physician / Specialist	\$0 / \$30	\$0 / \$30	
Telehealth Doctor Sessions	Telehealth Dr. \$0/ \$30	Telehealth Dr. \$0 / \$30	
Chiropractic(Spinal Manipulation)	\$0	\$0	
Outpatient - Hospital / Surgical Facil.	\$300 / \$300	\$250 / \$250	
Outpatient - Mental Health	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)	
Ambulance / Rides to Medical Appts.	\$200 / 12 Rides to Dr.	\$150 / 12 Rides to Dr.	
Emergency / Urgent Care (Worldwide)	\$95 / \$40	\$95 / \$40	
Durable Med Equip.; Dialysis; and Part B Drugs (20% (IN) in all Plans)	20%	20%	
Diagnostic: Lab / Other Procedures	\$4 / \$4	\$0 / \$0	
X - Rays (Standard)	\$50	\$40	
Diag. Radiology (MRI, CT, PET, etc.)	\$175	\$150	
Radiation Therapy (co-pay may apply)	20%	20%	
Part D Prescription Drug Retail Co-Pays (30 day supply) (33% 90 day Discount)	\$0/\$15/\$42/\$95/33% (At Preferred Pharmacies) (No Deductible)	\$0/\$12/\$42/\$95/33% (At Preferred Pharmacies) (No Deductible)	
Diabetic Monitoring Supplies and Low Cost Insulin (Under \$35)	\$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) \$25/mo for Select Insulin	\$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) \$25/mo for Select Insulin	
Dental Coverage	\$0 for 2 Preventive visits plus Comprehensive Coverage with \$1000 Max Benefit	\$0 for 2 Preventive visits plus Comprehensive Coverage with \$1000 Max Benefit	
Routine Hearing Exam / Hearing Aid Allowance	\$0 Exam by TruHearing \$499 or \$799 copay for Aid	\$0 Exam by TruHearing \$499 or \$799 copay for Aid	
Routine Vision Exam / Glasses Allowance	\$45 Exam / yr. \$225 Allow./yr	\$40 Exam / yr. \$275 Allow./yr	
Health Clubs / Wellness Programs	\$0 for Silver & Fit \$150 Allow. For Non-Partic. \$200 OTC Card	\$0 for Silver & Fit \$150 Allow. For Non-Partic. \$200 OTC Card	
Travel Benefits - Out of Network	30% co-pay (OoN) (\$3000 Max Benefit)	30% co-pay (OoN) (\$3000 Max Benefit)	
Maximum Out of Pocket Expense (After which Plan pays 100%) <small>Excludes premiums, drugs and uncovered costs</small>	\$6,700 In Network	\$6,700 In Network	

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	HUMANA HEALTH CARE PLANS Phone: 800-833-2364			
BENEFIT	(Humana Plans are Out of Network for Rochester Regional Health Hospitals)			
	Gold Plus HMO 006	Choice PPO 015	Choice PPO 018	Choice PPO 001
Medicare Star Rating (5 Stars Max.)	4 Stars	4 Stars	4 Stars	4 Stars
Monthly Premium	\$0	\$0	* \$0 (With \$230 Medical Deductible) * \$100/ mo. Part B Premium Reduction	\$15
Hospitalization - Inpatient	Days 1-6 @\$325 / Day Days >6 @ \$0	Days 1-5 @\$325 / Day, Then \$0 (IN) Days 1-14 @\$500/Day; Then \$0 (OUT)	* \$650 / Admission (IN) 30% (OUT)	Days 1-5 @\$250 / Day, Then \$0 (IN) Days 1-7 @\$395 /Day; Then \$0 (OUT)
Hospital - Observation	\$0 plus Diagnostic Procedure Copays	\$0 plus Diagnostic Procedure Copays	\$0 plus Diagnostic Procedure Copays	\$0 plus Diagnostic Procedure Copays
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$196	Days 1-20 @ \$0; Days 21-100 @ \$196 (IN) 30% (OUT)	Days 1-20 @ \$0; Days 21-100 @ \$196 (IN) 30% (OUT)	Days 1-20 @ \$0; Days 21-100 @ \$188 (IN) 30% (OUT)
Primary Care Physician / Specialist	\$0 / \$35	\$0 / \$35 (IN) - \$10 / \$45 (OUT)	\$0 / \$40 (IN) - \$10 / \$50 (OUT) *	\$0 / \$35 (IN) - \$10 / \$45 (OUT)
Telehealth Doctor Sessions	\$0 PCP / \$35 Specialist	\$0 PCP / \$35 Specialist	\$0 PCP / \$40 Specialist	\$0 PCP / \$35 Specialist
Chiropractic(Spinal Manipulation)	\$0 to \$20	\$0 to \$10 (IN) - \$0 to 30% (OUT)	* \$0 to \$15 (IN) - \$0 to 30% (OUT)	\$0 to \$5 (IN) - 30% (OUT)
Outpatient - Hospital / Surgical Facil.	\$325 / \$275	\$325 / \$275 (IN) - 30% (OUT)	* \$450 / \$400 (IN) - 30% (OUT)	\$250 / \$200 (IN) - 30% (OUT)
Outpatient - Mental Health	\$35 Specialist / \$75 Hospital	\$35 / \$100 (IN) - 30% (OUT)	* \$40 / \$75 (IN) - 30% (OUT)	\$35 / \$85 (IN) - 30% (OUT)
Ambulance / Rides to Medical Appts.	\$270 / 24 Rides to Appts.	\$290 / No Rides to Appts.	\$290 / No Rides to Appts.	\$270 / 36 Rides to Appts.
Emergency / Urgent Care (Worldwide)	\$95 / \$25	\$95 / \$25 (IN) - \$95 / \$25 (OUT)	\$95 / \$25 (IN) - \$95 / \$25 (OUT)	\$95 / \$25 (IN) - \$95 / \$25 (OUT)
Durable Med Equip.; Dialysis; and Part B Drugs	20%	20% (IN) - 30% (OUT)	* DME 14% (IN) - 20% (Out) Part B Drugs & * Dial. 20% IN & Out	DME 20% (IN) - 20% (Out) Part B Drugs & Dial. 20% IN & 30%Out
Diagnostic: Lab / Other Procedures	\$0 / \$0 - \$35	\$0 / \$0-\$35 (IN) - \$10 - \$45 or 30% (OUT)	\$0-\$40 / \$0-\$40 IN - \$10-\$50 or 30%OUT *	\$0 / \$0-\$35 (IN) - \$10 - \$45 or 30% (OUT)
X - Rays (Standard)	Up to \$35	Up to \$35 (IN) - \$0 - \$45 or 30% (OUT)	* Up to \$40 (IN) - \$10-\$50 or 30% (OUT)	\$0 - \$35 (IN) - \$0 - \$45 or 30% (OUT)
Diag. Radiology (MRI, CT, PET, etc.)	\$180 to \$325	\$180 - \$325 (IN) - 30% (OUT)	* \$180 - \$400 (IN) - 30% (OUT)	\$180 - \$250 (IN) - 30% (OUT)
Radiation Therapy (co-pay may apply)	20%	20%	* 20%	20%
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	\$0/\$0/\$47/\$100/28% \$300 Deductible Tiers 4-5	\$0/\$0/\$47/\$100/29% \$250 Deductible Tiers 4-5	\$0/\$5/\$47/\$100/28% \$310 Deductible Tiers 4-5	\$0/\$0/\$47/\$99/33% No Drug Deductible
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 @ Pref. Suppliers Under \$35/mo. Insulin	\$0 Preferred (IN) - 30% (OUT) Under \$35/mo Insulin	\$0 Preferred (IN) - 30% (OUT) Under \$35/mo Insulin	\$0 Preferred (IN) - 30% (OUT) Under \$35/mo Insulin
Dental Coverage - (Check Details of Humana Dental Plans)	Preventive and Some Comprehensive Coverage Included (\$2000 Max Benefit) Rider Available \$30.50 \$2000 Max Benef.	Preventive and Some Comprehensive Coverage Included (\$2000 Max Benefit) Rider Avail. for \$36.10 (\$2000 Max Benef)	Preventive and Some Comprehensive Coverage Included (\$2000 Max Benefit) 3 Riders Avail. \$34.10 to \$54.40 \$2000 Max	Preventive and Some Comprehensive Coverage Included (\$1500 Max Benefit) Rider Avail. for \$36.10 (\$2000 Max Benef)
Routine Hearing Exam / Hearing Aid Allowance	\$0 Exam \$699 or \$999 Copay for Aids	No Coverage	No Coverage	\$0 Exam \$699 or \$999 Copay for Aids
Routine Vision Exam / Glasses Allowance	\$0 Exam \$100 Glasses Allowance	\$0 Exam (IN) - \$75 Max Allowance (OUT) \$200 Glasses Allowance	\$0 Exam (IN) - \$75 Max Allowance (OUT) \$200 Glasses Allowance	\$0 Exam (IN) - \$75 Max Allowance (OUT) \$200 Glasses Allowance
Health Clubs / Wellness Programs	\$0 for Silver Sneakers \$200 / yr OTC Mail Order Allow.	\$0 for Silver Sneakers \$400 / yr OTC Mail Order Allow.	\$0 for Silver Sneakers \$100 / yr OTC Mail Order Allow.	\$0 for Silver Sneakers \$200 / yr OTC Mail Order Allow.
Travel Benefits - Out of Network	Use Humana Network	Use Humana Network or Pay Out of Network Rates	Use Humana Network or Pay Out of Network Rates	Use Humana Network or Pay Out of Network Rates
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$6,500	\$4,900 (IN) \$8,950 Combined IN and OUT	\$4,800 (IN) \$8,950 Combined IN and OUT	\$4,500 (IN) \$8,950 Combined IN and OUT

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2023 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY - Prepared by Lifespan (585) 287-6413

	MVP HEALTH CARE PLANS Phone: 800-324-3899			
BENEFIT	(MVP Plans are Accepted at all Local Hospitals)			
	Medicare Secure HMO-POS	Medicare Patriot PPO	Medicare WellSelect PPO	Medicare Prefer. Gold HMO-POS
Medicare Star Rating (5 Stars Max.)	5 Stars	4 Stars	4 Stars	5 Stars
Monthly Premium	\$15/ mo.	\$45/ mo.	\$80/ mo.	\$211/ mo.
Hospitalization - Inpatient	Days 1-5 @ \$400 > 5 Days @ \$0	Days 1-5 @ \$400 >5 days @ \$0 (IN Network) 40% (Out of Network)	Days 1-5 @ \$360 >5 days @ \$0 (IN Network) 40% (Out of Network)	Days 1-5 @ \$365/day > 5 Days @ \$0
Hospital - Observation	\$400 / Stay	\$350 / Stay (IN) - 40% (OUT)	\$300 / Stay (IN) - 40% (OUT)	\$325 / Stay
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 \$196/day	Days 1-20 @ \$0 Days 21-100 \$196/day 40% (OUT)	Days 1-20 @ \$0 Days 21-100 \$196/day 40% (OUT)	Days 1-20 @ \$0 Days 21-100 \$196/day
Primary Care Physician / Specialist	\$0 / \$45	\$0 / \$40 (IN) - \$5 / \$50 (OUT)	\$0 / \$45 (IN) - \$60 / \$60 (OUT)	\$0 / \$40
Telehealth Doctor Sessions	Gia Telehealth Virtual Care \$0	Gia Telehealth Virtual Care \$0	Gia Telehealth Virtual Care \$0	Gia Telehealth Virtual Care \$0
Chiropractic(Spinal Manipulation)	\$20	\$10 (IN) - \$20 (OUT)	\$15 (IN) - \$20 (OUT)	\$20
Outpatient - Hospital / Surgical Facil.	\$400 / \$325	\$350/\$200 (IN)- 40% OUT	\$400/\$300 (IN)- 40% OUT	\$325 / \$225
Outpatient - Mental Health	\$40 (Need Prior Authorization)	\$20 (In) - \$50 (Out) (Need Authoriz.)	\$40 (In) - \$60 (Out) (Need Authoriz.)	\$40 (Need Prior Authorization)
Ambulance / Rides to Medical Appt.	\$250 Ground - \$500 Air / 12 Rides	\$150 Ground - \$300 Air / 24 Rides	\$200 Ground - \$400 Air / 12 Rides	\$150 Ground - \$300 Air / 24 Rides
Emergency / Urgent Care (Worldwide)	\$95 / \$60 in US - \$95 WW	\$95 / \$40 in US - \$95 WW	\$95 / \$60 in US - \$95 WW	\$95 / \$60 in US - \$95 WW
Durable Med Equip.; Dialysis; and Part B Drugs (20% (IN) in all Plans)	20%	20% (IN) - 40% (OUT) Dialysis: 20% (IN) - 20% (OUT)	20% (IN) - 40% (OUT) Dialysis: 20% (IN) - 20% (OUT)	20%
Diagnostic: Lab / Other Procedures	\$0 to \$10 / \$20	\$0 / \$10 (IN) - 40% (OUT)	\$0 to \$10 / \$20 (IN) - 40% (OUT)	\$0 to \$10 / \$10
X - Rays (Standard)	\$50	\$50 (IN) - \$60 (OUT)	\$50 (IN) - \$60 (OUT)	\$40
Diag. Radiology (MRI, CT, PET, etc.)	\$50 - \$200	\$50 -\$150 (IN) - 40% (OUT)	\$50 -\$150 (IN) - 40% (OUT)	\$40 - \$150
Radiation Therapy (co-pay may apply)	20%	20% (IN) - 40% (OUT)	20% (IN) - 40% (OUT)	20%
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	\$0/\$10/\$47/25%/25% (\$300 Deductible for Tiers 3-5)	\$0/\$15/\$45/25%/27% (\$250 Deductible for Tiers 3-5)	\$0/\$10/\$47/25%/25% (\$250 Deductible for Tiers 3-5)	\$0/\$10/\$40/26%/33% (No Drug Deductible)
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 from Preferred Suppliers Under \$35 / Mo Insulin	\$0 from Pref. Suppliers; 40% OoN Under \$35 / Mo Insulin	\$0 from Pref. Suppliers; 40% OoN Under \$35 / Mo Insulin	\$0 from Preferred Suppliers Under \$35 / Mo Insulin
Dental Coverage	\$0 for Two preventive visit / yr. (Optional \$25/ mo. Rider w/ \$100 Deduc. & \$1000 Max Benefit)	\$0 for Two preventive visits / yr. (Optional \$25/ mo. Rider w/ \$100 Deduc. & \$1000 Max Benefit)	\$0 for Two preventive visits / yr. (Optional \$25/ mo. Rider w/ \$100 Deduc. & \$1000 Max Benefit)	\$0 for preventive & Comprehensive coverage w/ \$100 Deduc. & \$1000 Max Benefit)
Routine Hearing Exam / Hearing Aid Allowance	Exam: \$0 \$699-\$999 copay or \$600 Allow for Aid	Exam \$0 (IN) - \$60 (OUT) /yr. \$699 - \$999 copay or \$600 Allow. for Aid	Exam \$0 (IN) - \$60 (OUT) /yr. \$699 - \$999 copay or \$600 Allow. for Aid	Exam: \$0 \$699-\$999 copay or \$600 Allow for Aid
Routine Vision Exam at TruHearing/ Glasses Allowance	\$0 Exam at TruHearing / yr. \$150 /yr. glasses Allowance	Exam: \$0 (IN) - \$0 (OUT) /yr. \$175 /yr. Glasses Allowance	Exam: \$0 (IN) - \$0 (OUT) /yr. \$175/yr. Glasses Allowance	\$0 Exam /yr \$225 /yr. Glasses Allowance
Health Clubs / Wellness Programs	\$0 for Silver Sneakers \$100 OTC Allowance	\$0 for Silver Sneakers \$100 OTC Allowance	\$0 for Silver Sneakers \$140 OTC Allowance	\$0 for Silver Sneakers \$200 OTC Allowance
Travel Benefits - Out of Network	30% copay Out of Network (\$2500 Maximum Benefit)	\$50 Office Visit Out of Network 40% of Other OoN Costs	\$60 Office Visit Out of Network 40% of Other OoN Costs	30% copay Out of Network (\$4000 Maximum Benefit)
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$7,550 In Network	\$7,550 (IN Network) \$11,300 (IN and OUT)	\$7,550 (IN Network) \$11,300 (IN and OUT)	\$6,500

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2023 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY - Prepared by Lifespan (585) 287-6413

	UNITED HEALTH CARE PLANS Phone: 800-555-5757 (UHC Plans are Accepted at all Local Hospitals)			
BENEFIT	AARP Medicare Advantage HMO	Advantage Choice PPO Plan 1	Advantage Choice PPO Plan 3	Advantage Choice PPO Plan 4
		(IN) and (OUT) of Network Costs	(IN) and (OUT) of Network Costs	(IN) and (OUT) of Network Costs
Medicare Star Rating (5 Stars Max.)	4 Stars	4 Stars	4 Stars	4 Stars
Monthly Premium	\$0 / mo.	\$16 / mo.	\$44 / mo.	\$82 / mo.
Hospitalization - Inpatient	\$390/day, days 1-5 >5 days @ \$0	(IN) Days 1-5 @ \$375 / Day; > 5 days @ \$0 (OUT) Days 1-20 @ \$500 / day; >20 days @ \$0	(IN) Days 1-5 @ \$360 / Day; > 5 days @ \$0 (OUT) Days 1-20 @ \$500/ day; >20 days @ \$0	(IN) Days 1-5 @ \$315 / Day; > 5 days @ \$0 (OUT) Days 1-20 @ \$500/ day; >20 days @ \$0
Hospital - Observation	\$425 / Day	\$375 /Day (IN) - 40% (OUT)	\$340 /day (IN) - 40% (OUT)	\$325 /day (IN) - 40% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-59 @ \$196 /day Days 60-100 @ \$0/day	(IN) Da. 1-20 @\$0 - (OUT) Da. 1-45 @\$225/day (IN) Da. 21-57 @ \$196 / Day (IN) Da. 58-100 @ \$0 - (OUT) Da. 46-100 @\$0	(IN) Da. 1-20 @\$0 - (OUT) Da. 1-45 @\$225/day (IN) Da. 21-56 @ \$196 / Day (IN) Da. 57-100 @ \$0 - (OUT) Da. 46-100 @\$0	(IN) Da. 1-20 @\$0 - (OUT) Da. 1-45 @\$225/day (IN) Da. 21-55 @ \$196 / Day (IN) Da. 56-100 @ \$0 - (OUT) Da. 46-100 @\$0
Primary Care Physician / Specialist	\$10 / \$45	\$0 / \$35 (IN) - \$50 / \$75 (OUT)	\$0 / \$35 (IN) - \$50 / \$75 (OUT)	\$0 / \$25 (IN) - \$50 / \$75 (OUT)
Telehealth Doctor Sessions	Telehealth Dr. \$0 (IN)	Telehealth Dr. \$0 (IN)	Telehealth Dr. \$0 (IN)	Telehealth Dr. \$0 (IN)
Chiropractic (Spinal Manipulation)	\$20	\$20 (IN) - \$75 (OUT)	\$20 (IN) - \$75 (OUT)	\$20 (IN) - \$75 (OUT)
Outpatient - Hospital / Surgical Facil.	\$425 / \$325	\$375 / \$325 (IN) - 40% (OUT)	\$340 / \$295 (IN) - 40% (OUT)	\$325 / \$295 (IN) - 40% (OUT)
Outpatient - Mental Health	\$25 or \$15 (Group)	\$25 or \$15 (IN) - \$40 or \$30 (OUT)	\$25 or \$15 (IN) - \$40 or \$30 (OUT)	\$25 or \$15 (IN) - \$40 or \$30 (OUT)
Ambulance / Rides to Medical Appts.	\$250 / No Rides	\$250 / No Rides	\$250 / No Rides	\$250 / No Rides
Emergency / Urgent Care (Worldwide)	\$90 / \$40 in US - \$0 WW	\$90 / \$40 in US - \$0 WW	\$90 / \$40 in US - \$0 WW	\$90 / \$40 in US - \$0 WW
Durable Med Equip.; Dialysis; and Part B Drugs (20% (IN) in all Plans)	20%	Medical Equip: 20% (IN) - 50% (OUT) Dialysis: 20% (IN) - 20% (OUT) Part B Drugs 20% (IN)-40% (OUT)	Medical Equip: 20% (IN) - 50% (OUT) Dialysis: 20% (IN) - 20% (OUT) Part B Drugs 20% (IN)-40% (OUT)	Medical Equip: 20% (IN) - 50% (OUT) Dialysis: 20% (IN) - 20% (OUT) Part B Drugs 20% (IN)-40% (OUT)
Diagnostic: Lab / Other Procedures	\$0 / \$30	\$0 / \$35 (IN) - \$0 / 40% (OUT)	\$0 / \$35 (IN) - \$0 / 40% (OUT)	\$0 / \$30 (IN) - \$0 / 40% (OUT)
X - Rays (Standard)	\$35	\$35 (IN) - \$35 (OUT)	\$40 (IN) - \$40 (OUT)	\$30 (IN) - \$30 (OUT)
Diag. Radiology (MRI, CT, PET, etc.)	\$175	\$175 (IN) - 40% (OUT)	\$160 (IN) - 40% (OUT)	\$175 (IN) - 40% (OUT)
Radiation Therapy (co-pay may apply)	\$60 / Service	\$60 / Service (IN) - 40% (OUT)	\$50 / Service (IN) - 40% (OUT)	\$40 / Service (IN) - 40% (OUT)
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	\$0/\$12/\$47/\$100/28% (\$295 Deductible Tiers 3-5)	\$0/\$12/\$47/\$100/29% (\$200 Deductible Tiers 3-5)	\$0/\$14/\$47/\$100/31% (\$100 Deductible Tiers 3-5)	\$0/\$12/\$47/\$100/33% (\$0 Deductible Tiers 3-5)
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 for Covered Brands \$35/mo. for Insulin	\$0 for Covered Brands (IN) - 50%(OUT) Under \$35/ mo. For Insulin	\$0 for Covered Brands (IN) - 50%(OUT) Under \$35/ mo. For Insulin	\$0 for Covered Brands (IN) - 50%(OUT) Under \$35/ mo. For Insulin
Dental Coverage	Prev. & Comp. \$500 Max. \$50 / mo for Optional Rider With \$1500 Max Benefit	\$0 Copay for 2 Preventive Visits/yr Optional \$52 / mo. for a Dental Rider (with \$1500 Maximum Benefit)	\$0 Copay for 2 Preventive Visits/yr Optional \$52 / mo. for a Dental Rider (with \$1500 Maximum Benefit)	\$0 Copay for 2 Preventive Visits/yr Optional \$52 / mo. for a Dental Rider (with \$1500 Maximum Benefit)
Routine Hearing Exam / Hearing Aid Allowance	\$0 Exam/yr. \$175-\$1225 copay per Aid / yr.	\$0 Exam (IN) / \$75 Exam (OUT) \$175 - \$1225 copay per Aid per yr.	\$0 Exam (IN) / \$75 Exam (OUT) \$175 - \$1225 copay per Aid per yr.	\$0 Exam (IN) / \$75 Exam (OUT) \$175 - \$1225 copay per Aid per yr.
Routine Vision Exam / Glasses Allowance	\$0 Exam \$100 Glasses Allowance	Exam: \$0 (IN) - \$75 (OUT) / \$100 Glasses Allowance	Exam: \$0 (IN) - \$75 (OUT) / \$200 Glasses Allowance	Exam: \$0 (IN) - \$75 (OUT) / \$300 Glasses Allowance
Health Clubs / Wellness Programs	\$0 for "Renew Active" Fitness Program at Participating Facilities	\$0 for "Renew Active" Fitness Program at Participating Facilities	\$0 for "Renew Active" Fitness Program at Participating Facilities	\$0 for "Renew Active" Fitness Program at Participating Facilities
Travel Benefits - Out of Network	Use UHC Network Providers	Use UHC In US Network Providers or pay UHC Out of Network Rates	Use UHC In US Network Providers or pay UHC Out of Network Rates	Use UHC In US Network Providers or pay UHC Out of Network Rates
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$7,550 In Network	\$7,200 (IN Network) \$10,000 (IN & (OUT) Combined)	\$6,900 (IN Network) \$10,000 (IN & (OUT) Combined)	\$6,700 (IN Network) \$10,000 (IN & (OUT) Combined)

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2023 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY - Prepared by Lifespan (585) 287-6413

	WELLCARE HEALTH PLANS Phone: 844-917-0175 (URMC Hospitals are not in the Wellcare Network)				
BENEFIT	GiveBack Open PPO	No Premium HMO	No Premium Open PPO	Assist Open PPO	Premium Ultra Open PPO
	(IN) - (OUT) of Network Costs		(IN) - (OUT) of Network Costs	(IN) - (OUT) of Network Costs	(IN) - (OUT) of Network Costs
Medicare Star Rating (5 Stars Max.)	2.5 Stars	3 Stars	2.5 Stars	2.5 Stars	2.5 Stars
Monthly Premium	\$0 / mo. (\$74/mo Part B Premium Reduc)	\$0 / mo.	\$0 / mo.	\$8.70 / mo.	\$115 / mo.
Hospitalization - Inpatient	(IN) Days 1-5 \$375 /day; Then \$0 (OUT) 20%	Days 1-5 \$400 Then \$0	(IN) Days 1-6 \$325 /day; >6 @ \$0 (OUT) Days 1-12 @\$600 /day >12 days @ \$0	(IN) Days 1-4 @ \$500; Then \$0 (OUT) Days 1-4 @ \$500; Then \$0	(IN) \$600 per STAY (OUT) 20%
Hospital - Observation	\$95 to \$350 (IN) - 40% (OUT)	\$95 via ER - 20% Otherwise	\$95 to \$300 (IN) - 30% (OUT)	\$95 to \$300 (IN) - 30% (OUT)	\$125 to \$200 (IN) - 30% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	(IN) Days 1-20 @ \$0/day (IN) Days 21-60 @ \$196 /day (OUT) Days 1- 100 @ 20%	Days 1-20 @ \$0 Days 21-70 \$175/day	(IN and Out) Days 1-20 @ \$0/day (IN) Days 21-60 @ \$175 /day (OUT) Days 21- 100 @ \$250/day	(IN) & (OUT) Days 1-20 @ \$0/day (IN) Days 21-60 @ \$196 /day (OUT) Days 21- 100 @ \$196/day	(IN and OUT) Days 1-20 @ \$0 (IN) Days 21-50 @ \$150/Day (OUT) Days 21-100 @ \$200 / Day
Primary Care Physician / Specialist	\$0 / \$50 (IN) - \$25 / 40% (OUT)	\$0 / \$45	\$0 / \$40 (IN) - \$25 / \$60 (OUT)	\$0 / \$35 (IN) - \$0 / \$35 (OUT)	\$0 / \$25 (IN) - \$10 / \$35 (OUT)
Telehealth Doctor Sessions	Via Teladoc Dr. \$0 (IN)	Via Teladoc Dr. \$0 (IN)	Via Teladoc Dr. \$0 (IN)	Via Teladoc Dr. \$0 (IN)	Via Teladoc Dr. \$0 (IN)
Chiropractic (Spinal Manipulation)	\$20 (IN) - 40% (OUT)	\$0 In Network	\$20 (IN) - 30% (OUT)	\$20 (IN) - 30% (OUT)	\$20 (IN) - 30% (OUT)
Outpatient - Hospital / Surgical Facil.	\$350 / \$250 (IN) - 40% (OUT)	\$225 to 20% / \$100	\$300 / \$250 (IN) - 30% (OUT)	\$300 / \$250 (IN) - 30% (OUT)	\$200 / \$150 (IN) - 30% (OUT)
Outpatient - Mental Health	\$25 (IN) - \$50 (OUT)	\$25	\$25 (IN) - 30% (OUT)	\$25 (IN) - 30% (OUT)	\$25 (IN) - 30% (OUT)
Ambulance / Rides to Medical Appts.	\$290 (IN) & (OUT) /No Rides	\$240 / No Rides	\$350 (IN & OUT) / 12 Rides	\$295 (IN & OUT) No Rides	\$350 (IN & OUT) / No Rides
Emergency / Urgent Care (Worldwide)	\$95 / \$40 in US - \$95 WW	\$95 / \$25 in US - \$95 WW	\$95 / \$35 in US - \$95 WW	\$95 / \$35 in US - \$95 WW	\$125 / \$35 in US - \$125 WW
Durable Med Equip.; Dialysis; and Part B Drugs (20% (IN) in all Plans)	20% (IN) - 40% (OUT) DME 20% (IN) - 20% (OUT)	20%	20% (IN) - 30% (OUT) DME 20% (IN) - 20% (OUT)	Part B Drugs 20%(IN) - 30%(OUT) DME & Dial. 20%(IN) - 20%(OUT)	DME 20% (IN) - 30% (OUT) Part B Drugs 20%(IN)- 30%(OUT) Dialysis 20% (IN and (OUT)
Diagnostic: Lab / Other Procedures	\$0 / \$0-\$40 (IN) - 40% (OUT)	\$0 / \$0 to \$20	\$0 / \$0 (IN) - 30% (OUT)	\$0 / \$0 (IN) - 30% (OUT)	\$0 / \$0 (IN) - 30% (OUT)
X - Rays (Standard)	\$0 (IN) - 40% (OUT)	\$0	\$0 (IN) - 30% (OUT)	\$0 (IN) - 30% (OUT)	\$0 (IN) - 30% (OUT)
Diag. Radiology (MRI, CT, PET, etc.)	\$350 (IN) - 40% (OUT)	\$150 to \$225	\$100 to \$300 (IN) - 30% (OUT)	\$100 to \$300 (IN) - 30% (OUT)	\$100 to \$200 (IN) - 30% (OUT)
Radiation Therapy (co-pay may apply)	20% (IN) - 40% (OUT)	20%	20% (IN) - 30% (OUT)	20% (IN) - 30% (OUT)	20% (IN) - 30% (OUT)
Part D Prescription Drug Retail Co-Pays (30 day supply)	\$0/\$7/\$37/48%/27% (At Preferred Pharmacies) (\$325 Drug Deduct. Tiers 3-5)	\$0/\$7/\$37/48%/33% (At Preferred Pharmacies) (No Drug Deductible)	\$0/\$7/\$37/48%/33% (At Preferred Pharmacies) (No Drug Deductible)	\$0/\$20/\$47/46%/25% (At Preferred Pharmacies) (\$505 Drug Deduct. Tiers 2-5)	\$0/\$5/\$35/43%/33% (At Preferred Pharmacies) (No Drug Deductible)
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 @ Pref Suppliers (IN) 20% (OUT) Under \$35 / mo. for Insulin	\$0 @ Pref Suppliers (IN) 20% (OUT) Under \$35 / mo. for Insulin	\$0 @ Pref Suppliers (IN) 20% (OUT) Under \$35 / mo. for Insulin	\$0 @ Pref Suppliers (IN) 20% (OUT) Under \$35 / mo. for Insulin	\$0 @ Pref Suppliers (IN) 20% (OUT) Under \$35 / mo. for Insulin
Dental Coverage	(IN) \$0 for 2 Preventive Visits (OUT) 50%	\$2000/yr. Preventive & Comprehensive Allowance	(IN) \$1000/yr. Preventive & Comprehensive Allowance (OUT) 50%	(IN) \$3000/yr. Preventive & Comprehensive Allowance (OUT) 50%	(IN) \$1000/yr. Preventive & Comprehensive Allowance (OUT) 50%
Routine Hearing Exam / Hearing Aid Allowance	Exam \$0 (IN) - 40% (OUT) \$700 Allow. For Aids/ yr.	Exam \$0 \$1500 Allow. for Aids/yr.	Exam \$0 (IN) - 40% (OUT) \$1500 Allow. For Aids/ yr.	Exam \$0 (IN) - 40% (OUT) \$1500 Allowance for Aids/ yr.	Exam \$0 (IN) - 40% (OUT) \$1500 Allow. for Aids/yr.
Routine Vision Exam / Glasses Allowance	Exam: \$0 (IN) - 40% (OUT) / \$100 Glasses Allowance	\$0 Exam (In Network) / \$300 Glasses Allow./ yr.	Exam: \$0 (IN) - 40% (OUT) / \$200 Glasses Allowance	Exam: \$0 (IN) - 40% (OUT) / \$100 Glasses Allowance	Exam: \$0 (IN) - 40% (OUT) / \$200 Glasses Allowance
Health Clubs / Wellness Programs	\$0 for Wellcare Fitness Prog. \$58 / qtr. OTC Allow. @ CVS	\$0 for Wellcare Fitness Prog. \$79 / qtr. OTC Allow. @ CVS	\$0 for Wellcare Fitness Prog. \$103/ qtr. OTC Allow. @ CVS \$0 Medical Alert Device	\$0 for Wellcare Fitness Prog. \$150/ qtr. OTC Allow. @ CVS \$1000 Flex Card / \$0 Med. Alert	\$0 for Wellcare Fitness Prog. \$160/ qtr. OTC Allow. @ CVS \$0 Medical Alert Device
Travel Benefits - Out of Network	The Plan's Out of Network Rates	Emergency Only	The Plan's Out of Network Rates	The Plan's Out of Network Rates	The Plan's Out of Network Rates
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$7,550 (IN) \$11,300 (IN & OUT Combined)	\$8,300 In Network	\$6,700 (IN) \$10,000 (IN & (OUT) Combined	\$6,700 (IN Network) \$10,000 (IN & (OUT) Combined	\$3,400 (IN) \$3,400 (IN & (OUT) Combined

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