


2026 Medicare Advantage Plan Comparison Chart provided by Lifespan. Monroe County

Excellus 800-659-1986 888-529-1386	EXCELLUS BLUE CHOICE PLANS		
	(All Local Hospital Systems are in the Excellus Network)		
	Core (HMO)	Prime (HMO)	Optimum (HMO-POS)
Medicare Star Rating (5 Stars Max.)			
Monthly Premium	\$0 / mo.	\$55 / mo.	\$224.80 / mo.
Hospitalization - Inpatient	\$475 /day days 1-5 After 5 days @ \$0	\$400 /day days 1-5 After 5 days @ \$0	\$285/day days 1-5 After 5 days @ \$0
Hospital - Observation	\$450/ Stay	\$350/ Stay	\$250/ Stay
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$218/day	Days 1-20 @ \$0 Days 21-100 @ \$218/day	Days 1-20 @ \$0 Days 21-100 @ \$218/day
Primary Care Physician / Specialist	\$10/ \$55	\$5 / \$40	\$0 / \$30
Telehealth Doctor Sessions	Telehealth Dr. \$10 / \$55	Telehealth Dr. \$5 / \$40	Telehealth Dr. \$0 / \$30
Physical Therapy / Chiropractor	\$35 PT / \$5 Chiropractor	\$35 PT / \$5 Chiropractor	\$30 PT / \$15 Chiropractor
Outpatient - Hospital / Surgical Facil.	\$450 / \$450	\$350 / \$350	\$250 / \$250
Outpatient - Mental Health	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)
Ambulance / Rides to Medical Appts.	\$150 / No Rides to Dr.	\$150 / No Rides	\$150 / 12 Rides to Dr.
Emergency / Urgent Care (WW)	\$115 / \$40 WW	\$115 / \$40 WW	\$115 / \$40 WW
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20%	20%	20%
Diagnostic: Lab / Other Procedures	\$15 / \$15	\$10 / \$10	\$0 / \$0
X - Rays (Standard)	\$55	\$50	\$40
Diag. Imaging (MRI, CT, PET, etc.)	\$300	\$250	\$150
Radiation Therapy	20%	20%	20%
Part D Presc. Drug Retail Co-Pays (30 day supply) (Some 90 day Discounts)	\$5/\$15/21%/25%/25% (At Prefer. Pharmacies) (\$615 Deduct. Tiers 2-5)	\$4/\$15/21%/25%/25% (At Prefer. Pharmacies) (\$615 Deduct. Tiers 2-5)	\$0/\$5/20%/37%/31% (At Preferred Pharmacies) (\$100 Deduct. Tiers 3-5)
Diabetic Monitoring Supplies and Low Cost Insulin (Under \$35)	\$5 / mo. @ Pref. Suppliers Max \$35/mo Covered Insulin	\$5 /mo @ Pref. Suppliers Max \$35/mo Covered Insulin	\$5 /30 days @ Pref. Suppliers Max. of \$35/mo for Covered Insulin
Dental Coverage	\$0 for 2 Preven. visits No Comprehensive Coverage \$43 Rider available	\$0 for 2 Preven. visits No Comprehensive Coverage \$43 Rider available	\$0 for 2 Preventive visits plus Comprehensive Coverage with \$500 Max Benefit \$26 Rider available
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 Vision Exam / Glasses Allowance	\$50 Exam / yr. \$200 Allow./yr	\$0 Exam / yr \$215 Allowance/ yr.	\$40 Exam / yr. \$200 Allow./yr
Health Clubs / Wellness Programs	\$0 for Silver&Fit Program. No OTC Benefit	\$0 for Silver&Fit Program. No OTC Benefit	\$0 for Silver&Fit Program. No OTC Benefit
Travel Benefits - Out of Network	Emergency Only	Emergency Only	30% co-pay w/\$3000 OoN Max Benefit
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$9,250 In Network	\$8,000 In Network	\$6,700 In Network
Note: The information provided is current as of Oct 1, 2025. 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.			

2026 Medicare Advantage Plan Comparison Chart provided by Lifespan. Monroe County

 Phone: 800-324-3899	MVP HEALTH CARE PLANS (All Local Hospital Systems are in the MVP Network)	
	MVP Medicare WellSelect with Part D PPO	MVP Medicare Preferred Gold with Part D HMO-POS
Medicare Star Rating		
Monthly Premium	\$160 / mo.	\$229 / mo.
Hospitalization - Inpatient	Days 1-5 @ \$445 After 5 days @ \$0 (IN Network) 40% (Out of Network)	Days 1-5 @ \$375/day After 5 Days @ \$0
Hospital - Observation	20% (IN) - 40% (OUT)	\$350 / Stay
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$218 /day 40% (OUT)	Days 1-20 @ \$0 Days 21-100 \$218 /day
Primary Care Physician / Specialist	\$0 / \$55 (IN) - 30% / 40% (OUT)	\$0 / \$40
Telehealth Doctor Sessions	Gia Telehealth Virtual Care \$0 on select services	Gia Telehealth Virtual Care \$0 on select services
Physical Therapy / Chiropractor	\$35 PT / \$15 (IN) - 40% / 40% (Out)	\$20 PT / \$15 Chiropractor
Outpatient - Hospital / Surgical Facil.	20% / 15% (IN)- 40% OUT	\$350 / \$250
Outpatient - Mental Health	\$10 (In) - 30% (Out) (Need Authoriz.)	\$10 (Need Prior Authoriz.)
Ambulance / Rides to Medical Appt.	\$320 Ground - \$500 Air / No Rides	\$200 Ground - \$400 Air / 24 Rides
Emergency / Urgent Care WW	\$115 / \$40 in US - \$115 WW	\$115 / \$35 in US - \$115 WW
Durable Med Equip.; Dialysis; and Part B Drugs	20% (IN) - 40% (OUT) Dialysis: 20% (IN) - 20% (OUT)	20%
Diagnostic: Lab / Other Procedures	\$0 / 20% (IN) - 40% (OUT)	\$0 / \$15
X - Rays (Standard)	\$55 (IN) - 40% (OUT)	\$40
Diag. Imaging (MRI, CT, PET, etc.)	\$55 - \$400 (IN) - 40% (OUT)	\$40 - \$200
Radiation Therapy	20% (IN) - 40% (OUT)	20%
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for 90 days)	\$0/\$2/16%/25%/25% (\$615 Deductible for Tiers 2-5)	\$0/\$2/16%/25%/25% (\$300 Drug Deductible Tiers 2-5)
Diabetic Monitoring Supplies and Low Cost Insulin	\$10 (IN) / 40% (OUT) Maximum of \$35 / Mo for Insulin	\$0 from Preferred suppliers Maximum of \$35 / Mo Insulin
Dental Coverage	Combined Preventive and Comprehensive Coverage w/ \$750 Maximum Annual Benefit	Combined Preventive and Comprehensive Coverage w/ \$1500 Maximum Annual Benefit
Routine Hearing Exam / Hearing Aid Allowance	Exam \$0 (IN) --\$60 (OUT) /yr. \$699 - \$999 copay or \$600 Allow.	Exam: \$0 \$699-\$999 copay or \$600 Allow.
Routine Vision Exam / Eyewear Allowance	Exam: \$0 (IN) - \$0 (OUT) /yr. (Maximum benefit amount \$70 OON applies) \$150 /yr. Eyewear Allowance	\$0 Exam /yr (Maximum benefit amount \$70 OON applies) \$175 /yr. Eyewear Allowance
Health Clubs / Wellness Programs	\$0 for Silver Sneakers \$25 /qtr. OTC Allowance \$100 Wellness Rewards	\$0 for Silver Sneakers \$50 / qtr OTC Allowance \$100 Wellness Rewards
Travel Benefits - Out of Network	30% PCP 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	\$9,250 (IN Network) \$13,900 (IN and OUT Combined)	\$6,800
Note: The information provided is current as of Oct 1, 2025. 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.		

2026 Medicare Advantage Plan Comparison Chart provided by Lifespan. Monroe County

HUMANA 800-833-2364	HUMANA HEALTH CARE PLANS
	U OF R HOSPITAL SYSTEM ONLY IN NETWORK
	NEW - Choice PPO H5970-030
Medicare Star Rating (5 Stars Max.)	New
Monthly Premium	\$0 with \$55 Part B Giveback with \$330 Medical Deductible)*
Hospitalization - Inpatient	* Days 1-7 @\$380 / Day, Then \$0 (IN) * * Days 1-7 @\$500/Day; Then \$0 (OUT) *
Hospital - Observation	* \$380 / Stay (IN) - \$500 / Stay (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	* Days 1-20 @ \$0; Days 21-100 @\$218 (IN) 30% (OUT)
Primary Care Physician / Specialist	\$0 / \$30 (IN) - \$40 / \$50 (OUT) *
Telehealth Doctor Sessions	\$0 PCP / \$40 Specialist (IN Only)
Physical Therapy / Chiropractor	* \$35 PT IN/ 20% specialist OON chiro \$15 IN 25% OON
Outpatient - Hospital / Surgical Facil.	* \$1025 / \$875 (IN) - 30% (OUT)
Outpatient - Mental Health	* \$35 (IN) - 30% (OUT)
Ambulance / Rides to Medical Appts.	\$315 (IN) - * \$315 (OUT) * G&A / No Rides to Appts.
Emergency / Urgent Care (Worldwide)	\$115 / \$40 (IN) - \$115 / \$40 (OUT)
Durable Med Equip.; Dialysis; and Part B Drugs	* DME 15% (IN) - 30% (Out)* Part B Drugs 20% (IN) - 20% (OUT)* * Dial. 20% (IN) - 30% (OUT)*
Diagnostic: Lab / Other Procedures	\$0-\$50 /\$0-\$100 (IN) - \$10-30% / \$30-30% (OUT)*
X - Rays (Standard)	* \$0 to \$130 (IN) - \$30 to 30% (OUT) *
Diag. Imaging (MRI, CT, PET, etc.)	* \$200 - 335 (IN) - 30% (OUT) *
Radiation Therapy (co-pay may apply)	* 20%
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for mail order)	\$0/\$1/\$33/39%/25% \$615 Deductible Tiers 3-5
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 Preferred (IN) - * 30% (OUT) * Maximum of \$35/mo for Insulin
Dental Coverage	\$1500 for covered services for \$0 cost
Routine Hearing Exam / Hearing Aid Allowance	\$0 Exam at TruHearing \$699 or \$999 Copay for Aids
Routine Vision Exam / Glasses Allowance	\$0 Exam (IN) - \$75 total coverage (OUT) \$150 - \$250 (IN) \$75 to \$150 (OUT) Glasses Allowance
Health Clubs / Wellness Programs	No Gym Membership No Over the Counter Allowance
Travel Benefits - Out of Network	Use Humana Network or Pay Out of Network Rates
Maximum Out of Pocket Expense (After which Plan pays 100%) <small>Excludes premiums, drugs and uncovered costs</small>	\$9,250 (IN) \$13,900 Combined IN and OUT
Note: The information provided is current as of Oct 1, 2025. 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.	

2026 Medicare Advantage Plan Comparison Chart provided by Lifespan. Monroe County

WELLCARE HEALTH PLAN (Rochester Regional system/Unity ONLY in network)	
John Haas 585-503-3461 585-764-8812	Simple HMO-POS* *POS applies to dental only
Medicare Star Rating (5 Stars Max.)	
Monthly Premium	\$0 / mo. \$150 Medical deductible
Hospitalization - Inpatient	Days 1-4 \$600 /day; >4 da. @ \$0 (Only covered for 90 days)
Hospital - Observation	
Skilled Nursing Facility for Rehab (May Need Authorization)	
Primary Care Physician / Specialist	\$0 / \$25
Telehealth Doctor Sessions	
Physical Therapy / Chiropractor	
Outpatient - Hospital / Surgical Facil.	
Outpatient - Mental Health	
Ambulance / Rides to Medic. Appts.	
Emergency / Urgent Care (WW)	
Durable Med Equip.; Dialysis; and Part B Drugs	
Diagnostic: Lab / Other Procedures	\$0 / \$50
X - Rays (Standard)	\$50
Diag. Imaging (MRI, CT, PET, etc.)	
Radiation Therapy	
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for mailorder)	\$0/\$0/25%/33%/25% \$0 Tier 1 - 6 Pref (\$615 Drug Deduc. Tiers 3-5)
Diabetic Monitoring Supplies and Low Cost Insulin	
Dental Coverage	Covered preventive services (IN: \$0 copay/OUT: 25% cost share)
Routine Hearing Exam / Hearing Aid Allow.	\$750 / ear / yr
Routine Vision Exam / Glasses Allow.	\$200 Eyewear Allowance
Health Clubs / Wellness Programs	\$0 for Wellcare Fitness Prog.
Travel Benefits - Out of Network	
Maximum Out of Pocket Expense (After which Plan pays 100%) <small>Excludes premiums, drugs and uncovered costs</small>	\$9,250
Note: The information provided is current as of October 1, 2025. 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.	

**Note: Wellcare did not provide detailed information to Lifespan;
please call Wellcare at the number above for additional information.**

2026 Medicare Advantage Plan Comparison Chart provided by Lifespan. Monroe County

VNS Health Care 929-500-6560	VNS Health EasyCare
	U OF R HOSPITAL SYSTEM ONLY IN NETWORK
	HMO only
Medicare Star Rating (5 Stars Max.)	
Monthly Premium	\$25.00
Hospitalization - Inpatient	\$400 copay per day 1-5, \$0 copay after day 5.
Hospital - Observation	\$110 per stay copay
Skilled Nursing Facility for Rehab (May Need Authorization)	<ul style="list-style-type: none"> •\$0 copay per day for days 1-20 •\$214 copay per day for days 21-100. •You pay all costs for each day after day 100 of the benefit period. No prior hospital stay is required.
Primary Care Physician / Specialist	\$0 Primary/\$35 Specialist/No referrals needed
Telehealth Doctor Sessions	\$0
Physical Therapy / Chiropractor	\$35 copay. Plan covers Medicare-covered: Physical Therapy, Speech Therapy, and Occupational Therapy. Requires prior authorization.
Outpatient - Hospital / Surgical Facil	\$0 - \$200 copay
Outpatient - Mental Health	\$0 - \$200 copay
Ambulance / Rides to Medical Appts.	\$250 copay for ambulance services. 22 one-way trips to medical visits.
Emergency / Urgent Care (Worldwide)	\$115 ER/\$40 Urgent Care
Durable Med Equip.; Dialysis; and Part B Drugs	20% coinsurance DME, 20% coinsurance dialysis, 30% Part B
Diagnostic: Lab / Other Procedures	\$50 copay
X - Rays (Standard)	Outpatient X-ray: \$15 copay. Diagnostic Radiological Services: \$110 copay
Diag. Imaging (MRI, CT, PET, etc.)	\$50 copay
Radiation Therapy (co-pay may apply)	20%
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mail order)	\$0/ \$20/ \$47/ \$100/ 31%/ \$0 \$500 Deductible applies to tiers 2-5
Diabetic Monitoring Supplies and Low Cost Insulin	20% coinsurance for monitoring supplies, \$35 per month supply of each covered insulin product.
Dental Coverage	\$2,500 for dental care
Routine Hearing Exam / Hearing Aid Allowance	\$0 Exam,\$1,500every 3 years for hardware
Routine Vision Exam / Glasses Allowance	\$0 Exam, \$300 per year for eyewear
Health Clubs	Silver Sneakers
Travel Benefits - Out of Network	\$50k for emergency and urgently needed services outside of the US and its territories.
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$9,350

Note: The information provided is current as of Oct 1, 2025. 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.**