2022 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY. Prepared by Lifespan 585-287-6413

BENEFIT	EXCELLUS BLUE CHOICE PLANS Phone: 888-529-1386 or 800-659-1986 (Excellus Plans are Accepted at all Local Hospitals)				
	Select (HMO)	Advanced (HMO-POS)	Value (HMO)	Value Plus (HMO-POS)	Optimum (HMO-POS)
Medicare Star Rating (5 Stars Max.)	5 Stars	5 Stars	5 Stars	5 Stars	5 Stars
Monthly Premium	$0	$39/ mo.	$71/ mo.	$129/ mo	$217/ mo.
Hospitalization - Inpatient	*$395/day days 1-5 >5 days @ $0 ($315 days 1-5 Mental Health)*	*$360/day days 1-5 >5 days @ $0 ($315 days 1-5 Mental Health)*	*$360/day days 1-5 >5 days @ $0 ($315 days 1-5 Mental Health)*	$310/day days 1-5 >5 days @ $0	$285/day days 1-5 >5 days @ $0
Hospital - Observation	*$390/ Visit*	*$350/ Visit*	*$325/ Visit*	$300/ Visit	$250/ Visit
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ $0 Days 21-100 @ $188/day	Days 1-20 @ $0 Days 21-100 @ $188/day	Days 1-20 @ $0 Days 21-100 @ $188/day	Days 1-20 @ $0 Days 21-100 @ $188/day	Days 1-20 @ $0 Days 21-100 @ $188/day
Primary Care Physician / Specialist	$10 / $45	$10 / $45	$5/ $40	$0 / $35	$0 / $30
Telehealth Doctor Sessions	Telehealth Dr. $10 / $45	Telehealth Dr. $10 / $45	Telehealth Dr. $5 / $40	Telehealth Dr. $0/ $35	Telehealth Dr. $0 / $30
Chiropractic (Spinal Manipulation)	$10	$15	$5	$0	$0
Outpatient - Hospital / Surgical Facil.	$390 / $390	$350 / $350	$325 / $325	$300 / $300	$250 / $250
Outpatient - Mental Health	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)
Ambulance	$250	$225	$225	$200	$150
Emergency */ Urgent Care (Worldwide)*	$90 / $45	$90 / $45	$90 / $40	$90 / $40	$90 / $40
Durable Med Equip.; Dialysis; and Part B Drugs (20% (IN) in all Plans)	20%	20%	20%	20%	20%
Diagnostic: Lab / Other Procedures	$12 / $12	$10 / $10	$10 / $10	$10 / $10	$0 / $0
X - Rays (Standard)	$55	$50	$50	$50	$40
Diag. Radiology (MRI, CT, PET, etc.)	$275	$250	$225	$175	$150
Radiation Therapy (co-pay may apply)	20%	20%	20%	20%	20%
Part D Prescription Drug Retail Co-Pays (30 day supply) (33% 90 day Discount)	$0/$15/$42/$95/26% (At Preferred Pharmacies) ($380 Deduct. Tiers 3-5)	$0/$15/$42/$95/28% (At Preferred Pharmacies) ($300 Deduct. Tiers 3-5)	$0/$15/$42/$95/29% (At Preferred Pharmacies) ($225 Deduct. Tiers 3-5)	$0/$15/$42/$95/33% (At Preferred Pharmacies) (No Deductible)	$0/$12/$42/$95/33% (At Preferred Pharmacies) (No Deductible)
Diabetic Monitoring Supplies (Reduced Cost Insulin some plans)	$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) No Low Cost Insulin Program	$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) Select Insulin $60/ 90 days	$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) Select Insulin $50/ 90 days	$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) Select Insulin $50/ 90 days	$5 /30 days @ Pref. Suppliers (Insulin 20% via Pump) Select Insulin $50/ 90 days
Dental Coverage	$15 per Preventive Service 2x/yr. Optional Rider for $29/mo. ($100 Deduc/$1000 Max Benef)	$0 copay 2 Preventive Visits Optional Rider for $29/mo. ($100 Deduc/$1000 Max Benef)	$0 copay 2 Preventive Visits Optional Rider for $29/mo. ($100 Deduc/$1000 Max Benef)	$0 copay 2 Preventive Visits Optional Rider for $29/mo. ($100 Deduc/$1000 Max Benef)	$0 copay 2 Preventive Visits Optional Rider for $29/mo. ($100 Deduc/$1000 Max Benef)
Routine Hearing Exam / Hearing Aid Allowance	$45 Exam $699 or $999 copay for Aid	$45 Exam $699 or $999 copay for Aid	$45 Exam $699 or $999 copay for Aid	$45 Exam $699 or $999 copay for Aid	$45 Exam $699 or $999 copay for Aid
Routine Vision Exam / Glasses Allowance	$50 Exam / yr $100 Allow./ yr.	$0 Exam /yr. $150 Allow./yr	$50 Exam / yr. $175 Allow./yr	$45 Exam / yr. $200 Allow./yr	$40 Exam / yr. $250 Allow./yr.
Health Clubs / Wellness Programs	$25/yr for Silver & Fit $10/yr for Home Fitness Kit $150 Allow. For Non-Partic.	$25/yr for Silver & Fit $10/yr for Home Fitness Kit $150 Allow. For Non-Partic.	$25/yr for Silver & Fit $10/yr for Home Fitness Kit $150 Allow. For Non-Partic.	$25/yr for Silver & Fit $10/yr for Home Fitness Kit $150 Allow. For Non-Partic.	$25/yr for Silver & Fit $10/yr for Home Fitness Kit $150 Allow. For Non-Partic.
Travel Benefits - Out of Network	Emergency Only	30% co-pay (OoN) ($3000 Max Benefit)	Emergency Only	30% co-pay (OoN) ($3000 Max Benefit)	30% co-pay (OoN) ($3000 Max Benefit)
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	$7,550 In Network	$7,200 In Network	$6,700 In Network	$6,700 In Network	$6,700 In Network

Note: The information provided is current as of Oct 8, 2021. 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.

2022 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY. Prepared by Lifespan 585-287-6413

BENEFIT	MVP HEALTH CARE PLANS Phone: 800-324-3899 (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.)	4.5 Stars	4.5 Stars	4.5 Stars	4.5 Stars
Monthly Premium	$15/ mo.	$45/ mo.	$80/ mo.	$211/ mo.
Hospitalization - Inpatient	Days 1-5 @ $385; Mental Health $370 > 5 Days @ $0	Days 1-5 @ $375; Mental Health $370 >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	$300 / 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 $188/day	Days 1-20 @ $0 Days 21-100 $188/day 40% (OUT)	Days 1-20 @ $0 Days 21-100 $188/day 40% (OUT)	Days 1-20 @ $0 Days 21-100 $188/day
Primary Care Physician / Specialist	$0 / $45	$0 / $30 (IN) - $60 / $60 (OUT)	$0 / $45 (IN) - $60 / $60 (OUT)	$0 / $40
Telehealth Doctor Sessions	Telehealth Virtual Care $0	Telehealth Virtual Care $0	Telehealth Virtual Care $0	Telehealth Virtual Care $0
Chiropractic(Spinal Manipulation)	$20	$10 (IN) - $20 (OUT)	$15 (IN) - $20 (OUT)	$20
Outpatient - Hospital / Surgical Facil.	$400 / $325	$300/$200 (IN)- 40% OUT	$400/$300 (IN)- 40% OUT	$325 / $225
Outpatient - Mental Health	$40 (Need Prior Authorization)	$20 (In) - $60 (Out) (Need Authoriz.)	$40 (In) - $60 (Out) (Need Authoriz.)	$40 (Need Prior Authorization)
Ambulance	$200 Ground / $500 Air	$150 Ground / $300 Air	$200 Ground / $400 Air	$150 Ground / $300 Air
Emergency / *Urgent Care (Worldwide)*	$90 / $65 in US - $90 WW	$90 / $40 in US - $90 WW	$90 / $65 in US - $90 WW	$90 / $65 in US - $90 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.)	$200	$125 (IN) - 40% (OUT)	$150 (IN) - 40% (OUT)	$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/$40/27%/33% (No Drug Deductible)
Diabetic Monitoring Supplies (No Low Cost Insulin Program)	$0 from Preferred Suppliers or from Others (w/ Authoriation)	$0 from Preferred Suppliers or from Others (w/ Authoriation) 40% (OUT)	$0 from Preferred Suppliers or from Others (w/ Authoriation) 40% (OUT)	$0 from Preferred Suppliers or from Others (w/ Authorization)
Dental Coverage	$0 for One 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 Two preventive visits / yr. (Optional $25/ mo. Rider w/ $100 Deduc. & $1000 Max Benefit)
Routine Hearing Exam / Hearing Aid Allowance	Exam: $0 $699 or $999 copay for Aid	Exam $0 (IN) - $60 (OUT) /yr. $699 or $999 copay for Aid	Exam $0 (IN) - $60 (OUT) /yr. $699 or $999 copay for Aid	Exam: $0 $499 or $799 copay for Aid
Routine Vision Exam / Glasses Allowance	$0 Exam/ 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 Plus $200 WellBeing Reward	$0 for Silver Sneakers Plus $200 WellBeing Reward and $100 OTC Allowance	$0 for Silver Sneakers Plus $200 WellBeing Reward and $100 OTC Allowance	$0 for Silver Sneakers Plus $200 WellBeing Reward and $200 OTC Allowance
Travel Benefits - Out of Network	30% copay Out of Netwrk ($2500 Maximum Benefit)	$60 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	$7550 In Network	$7,550 (IN Network) $11,300 (IN and OUT)	$7,550 (IN Network) $11,300 (IN and OUT)	$7,550 In Network

Note: The information provided is current as of Oct 11, 2021. 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.

2022 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 Network)			
BENEFIT	**Credit PPO Plan**	**Discover Value PPO Plan**	**Premier PPO Plan**	**Elite PPO Plan**
	(IN) and (OUT) of Ntwrk. Costs	(IN) and (OUT) of Ntwrk. Costs	(IN) and (OUT) of Ntwrk. Costs	* $1000 Deduct. for Major & OoN Items
Medicare Star Rating (5 Stars Max.)	4.5 Stars	4.5 Stars	4.5 Stars	4.5 Stars
Monthly Premium	$0 / mo. ($35/mo. Part B Prem. Reduc)	$24 / mo.	$60 / mo.	$0/ mo (* But w/$1000 Deductible)
Hospitalization - Inpatient	(IN) Days 1-5 @$395/da. >5 days @ $0 (OUT) Days 1-20 @$500/da. >20 da. @ $0 Mntl Hlth (IN) Days 1-5 $374 - (OUT) 30%	(IN) Days 1-5 @$395/da. >5 days @ $0 (OUT) Days 1-5 @$500/da. >5 da. @ $0 Mntl Hlth (IN) Days 1-5 $374 - (OUT) 30%	(IN) Days 1-5 @$390/da. >5 days @ $0 (OUT) Days 1-5 @$500/da. >5 da. @ $0 Mntl Hlth (IN) Days 1-5 $374 - (OUT) 20%	* (IN) $750/ Stay - *(OUT) days 1-5 $500/da > 5 da. @$0 * Mntl Hlth (IN) Days 1-5 $374 - (OUT) 30%
Hospital - Observation	$395(IN) - 30% (OUT)	$395 (IN) - 30% (OUT)	$390 (IN) - 20% (OUT)	* $325 (IN) - 30% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	(IN) Days 1-20 @ $0 (IN) Days 21-100 @$188/day (OUT) @30%/Stay	(IN) Days 1-20 @ $0 (IN) Days 21-100 @$188/day (OUT) @30%/Stay	(IN) Days 1-20 @ $0 (IN) Days 21-100 @$188/day (OUT) @20%/Stay	* (IN) Days 1-20 @ $0 * (IN) Days 21-100 @$188/day (OUT) @30%/Stay
Primary Care Physician / Specialist	$15/ $45 (IN) - $50 / $60 (OUT)	$0 / $40 (IN) - $50 / $60 (OUT)	$5 / $40 (IN) - $50 / $60 (OUT)	$10 / $40 (IN) - $50 / $60 (OUT)
Telehealth - PC Dr. / Specialist	Telehealth Dr. $15 / $45 (IN)	Telehealth Dr. $0 / $40 (IN)	Telehealth Dr. $5 / $40 (IN)	Telehealth Dr. $10 / $40 (IN)
Chiropractic (Spinal Manipulation)	$20 (IN) - 30% (OUT)	$20 (IN) - 30% (OUT)	$20 (IN) - 20% (OUT)	$20 (IN) - 30% (OUT)
Outpatient - Hospital / Surgical Facil.	$395 / $250 (IN) - 30% (OUT)	$395 / $175 (IN) - 30% (OUT)	$390 / $200 (IN) - 20% (OUT)	* $350 / * $175 (IN) - 30% (OUT)
Outpatient - Mental Health	$40 (IN) - 30% (OUT)	$40 (IN) - 30% (OUT)	$40 (IN) - 20% (OUT)	$40 (IN) - 30% (OUT)
Ambulance	$300 (IN & OUT) WW	$285 (IN & OUT) WW	$285 (IN & OUT) WW	$290 (IN & OUT) WW
Emergency / *Urgent Care (Worldwide)*	$90 / $50 in US; $90 WW	$90 / $50 in US; $90 WW	$90 / $50 in US; $90 WW	$90 / $50 in US; $90 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) - 20% (OUT) Dialysis 20% (IN) - 50% (OUT)	20% (IN) - 30% (OUT) * Dialysis 20% (IN) - 50% (OUT)
Diagnostic: Lab / Other Procedures	$0-$10 / $45 (IN) - 30% / 30% (OUT)	$0-$10 / $40 (IN) - 30% / 30% (OUT)	$0-$10 / $40 (IN) - 20% / 20% (OUT)	$0-$10 / $40 (IN) - 30% / 30% (OUT)
X - Rays (Standard)	$50 (IN) - 30% (OUT)	$50 (IN) - 30% (OUT)	$50 (IN) - 20% (OUT)	$50 (IN) - 30% (OUT)
Diag. Radiology (MRI, CT, PET, etc.)	$450 (IN) - 30% (OUT)	$200 (IN) - 30% (OUT)	$200 (IN) - 20% (OUT)	$200 (IN) - 30% (OUT)
Radiation Therapy (co-pay may apply)	20% (IN) - 30% (OUT)	20% (IN) - 30% (OUT)	20% (IN) - 20% (OUT)	* 20% (IN) - 30% (OUT)
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	$0/$0/$47/$100/27% At Preferred Pharmacies ($350 Drug Deductible Tiers 3-5)	$0/$0/$47/$100/28% At Preferred Pharmacies ($300 Drug Deductible Tiers 3-5)	$0/$0/$47/$100/28% At Preferred Pharmacies ($250 Drug Deductible Tiers 3-5)	$0/$0/$47/$100/28% At Preferred Pharmacies ($250 Drug Deductible Tiers 3-5)
Diabetic Monitoring Supplies	$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.)	$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.)	$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.)	$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.)
Dental Coverage	Optional Dental Rider for $14/ mo. $1000/yr. Max. Benef.-$50 Deduct.	$0 for 2 Preven. Visits (IN) - 30% (OUT) Optional Dental Rider for $10/mo. $2000/yr. Max. Benef.-$50 Deduct.	$0 for 2 Preven. Visits (IN) - 30% (OUT) Optional Dental Rider for $10/mo. $2000/yr. Max. Benef.-$50 Deduct.	$500 Preventive and Comprehensive Allowance / yr. Any Dentist
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) $150 Glasses Allowance / yr.	Exam: $0 (IN) - $60 (OUT) $150 Glasses Allowance / yr.	Exam: $0 (IN) - $60 (OUT) $100 Glasses Allowance / yr.
Health Clubs / Wellness Programs	$0 Silver Sneakrs @ Participating Health Clubs Up to $150 Healthy Rewards	$0 Silver Sneakrs @ Participating Health Clubs Up to $150 Healthy Rewards	$0 Silver Sneakrs @ Participating Health Clubs Up to $150 Healthy Rewards	$0 Silver Sneakrs @ Participating Health Clubs Up to $150 Healthy Rewards
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 11, 2021. 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.

2022 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY. Prepared by Lifespan 585-287-6413

BENEFIT	UNITED HEALTH CARE PLANS Phone: 800-555-5757 (UHC Plans are Accepted at all Local Hospitals)			
	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	4.5 Stars	4.5 Stars	4.5 Stars
Monthly Premium	$0 / mo.	$16 / mo.	$46 / mo.	$84 / mo.
Hospitalization - Inpatient	*$390/day, days 1-5* *Mntl.Hlth $390/day, days 1-4* *>5 days @ $0*	(IN) Days 1-5 @ $375 / Day; > 5 days @ $0 (IN) Mental Health Days 1-4 @ $375/ day (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 21-61 @ $188/day Days 62-100 @ $0/day	(IN) Da. 1-20 @$0 - (OUT) Da. 1-45 @$225/day (IN) Da. 21-59 @ $188 / Day (IN) Da. 60-100 @ $0 - (OUT) Da. 46-100 @$0	(IN) Da. 1-20 @$0 - (OUT) Da. 1-45 @$225/day (IN) Da. 21-57 @ $188 / 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 @ $188 / Day (IN) Da. 57-100 @ $0 - (OUT) Da. 46-100 @$0
Primary Care Physician / Specialist	$15 / $50	$0 / $40 (IN) - $50 / $75 (OUT	$0 / $40 (IN) - $50 / $75 (OUT)	$0 / $30 (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 / $390	$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	$250	$275	$275	$275
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.)	$185	$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)	$3/$12/$47/$100/26% ($395 Deductible Tiers 3-5) Limits on OoN Pharm. Cvrg.	$0/$12/$47/$100/28% ($300 Deductible Tiers 3-5) Limits onOut of Network Pharm. Coverage	$0/$14/$47/$100/28% ($250 Deductible Tiers 3-5) Limits on Out of Network Pharm. Coverage	$0/$12/$47/$100/30% ($150 Deductible Tiers 3-5) Limits on Out of Network Pharm. Coverage
Diabetic Monitoring Supplies (Reduced Cost Insulin Some Plans)	$0 for Covered Brands $35/mo. for covered Insulin	$0 for Covered Brands (IN) - 50%(OUT) $35/ mo. For Covered Insulin	$0 for Covered Brands (IN) - 50%(OUT) $35/ mo. For Covered Insulin	$0 for Covered Brands (IN) - 50%(OUT) $35/ mo. For Covered Insulin
Dental Coverage	$45 /mo for Optional Rider With $1500 Max Benefit	$0 Copay for 2 Preventive Visits/yr Optional $40 / mo. for a Dental Rider (with $1500 Maximum Benefit)	$0 Copay for 2 Preventive Visits/yr Optional $40 / mo. for a Dental Rider (with $1500 Maximum Benefit)	$0 Copay for 2 Preventive Visits/yr Optional $40 / mo. for a Dental Rider (with $1500 Maximum Benefit)
Routine Hearing Exam / Hearing Aid Allowance	$0 Exam/yr. $375-$1425 copay per Aid per yr.	$0 Exam (IN) / $75 Exam (OUT) $375 - $1425 copay per Aid per yr.	$0 Exam (IN) / $75 Exam (OUT) $375 - $1425 copay per Aid per yr.	$0 Exam (IN) / $75 Exam (OUT) $375 - $1425 copay per Aid per yr.
Routine Vision Exam / Glasses Allowance	$0 Exam No Glasses	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 Ntwrk Providers	Use UHC In US Network Providers or UHC Out of Network Rates	Use UHC In US Network Providers or UHC Out of Network Rates	Use UHC In US Network Providers or UHC Out of Network Rates
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	$7550 In Ntwrk	$7200 (IN Network) $10,000 (IN & (OUT) Combined	$6900 (IN Network) $10,000 (IN & (OUT) Combined	$6,700 (IN Network) $10,000 (IN & (OUT) Combined

Note: The information provided is current as of Oct 11, 2021. 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.

2022 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	**No Premium Open PPO**	**GiveBack Open PPO**	**Assist Open PPO**	**No Premium HMO**	**Premium Ultra Open PPO**
	(IN) - (OUT) of Network Costs	(IN) - (OUT) of Network Costs	(IN) - (OUT) of Network Costs	(Has a $225 Medical Deductible)	(IN) - (OUT) of Network Costs
Medicare Star Rating (5 Stars Max.)	**4 Stars**	**4 Stars**	**4 Stars**	**3.5 Stars**	**4 Stars**
Monthly Premium	**$0 / mo.**	$0 / mo. ($74/mo Part B Premium Reduc)	**$30.70 / mo.**	$0 / mo. ($225 Medical Deductible)	**$121 / mo.**
Hospitalization - Inpatient	(IN) Days 1-6 $325 /day; Then $0 (IN) Mntl Health Days 1-6 $300 (OUT) 30%	(IN) Days 1-5 $370 /day; Then $0 (OUT) 20%	(IN) Days 1-4 $500 /day; Then $0 (OUT) days 1-4 @ $500; Then $0	Days 1-5 $400 Then $0 (Mental Health Days 1-5 $370)	(IN) $600 per STAY (IN) Mental Health $500/ STAY (OUT) 20%
Hospital - Observation	$90 to $300 (IN) - 30% (OUT)	$90 to $350 (IN) - 40% (OUT)	$90 to $300 (IN) - 30% (OUT)	$90 via ER - 20% Otherwise	$120 to $200 (IN) - 30% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	(IN and Out) Days 1-20 @ $0/day (IN) Days 21-100 @ $165 /day (OUT) Days 21- 100 @ $250/day	(IN) Days 1-20 @ $0/day (IN) Days 21-100 @ $184 /day (OUT) Days 1- 100 @ 20%	(IN) & (OUT) Days 1-20 @ $0/day (IN) Days 21-100 @ $184 /day (OUT) Days 21- 100 @ $184/day	**Days 1-20 @ $0 Days 21-100 $165/day**	(IN and OUT) Days 1-20 @ $0 (IN) Days 21-100 @ $150/Day (OUT) Days 21-100 @$200 / Day
Primary Care Physician / Specialist	$0 / $40 (IN) - $25 / $60 (OUT	$0 / $50 (IN) - $25 / 40% (OUT	$0 / $35 (IN) - $0 / $35 (OUT	**$0 / $45**	$0 / $25 (IN) - $10 / $35 (OUT)
Telehealth Doctor Sessions	**Teladoc Dr. $0 (IN)**	**Teladoc Dr. $0 (IN)**	**Teladoc Dr. $0 (IN)**	**Teladoc Dr. $0 (IN)**	**Teladoc Dr. $0 (IN)**
Chiropractic (Spinal Manipulation)	**$20 (IN) - 30% (OUT)**	**$20 (IN) - 40% (OUT)**	**$20 (IN) - 30% (OUT)**	**$0**	**$20 (IN) - 30% (OUT)**
Outpatient - Hospital / Surgical Facil.	$300 / $250 (IN) - 30% (OUT)	$350 / $250 (IN) - 40% (OUT)	$300 / $250 (IN) - 30% (OUT)	**$225 to 20% / $100**	$200 / $150 (IN) - 30% (OUT)
Outpatient - Mental Health	**$25 (IN) - 30% (OUT)**	**$25 (IN) - $50 (OUT)**	**$25 (IN) - 30% (OUT)**	**$25**	**$25 (IN) - 30% (OUT)**
Ambulance	**$350 (IN & OUT)**	**$290 (IN) and (OUT)**	**$315 (IN & OUT)**	**$240**	**$350 (IN & OUT)**
Emergency / *Urgent Care (Worldwide)*	**$90 / $35 in US - $90 WW**	**$90 / $40 in US - $90 WW**	**$90 / $35 in US - $90 WW**	**$90 / $25 in US - $90 WW**	$120 / $35 in US - $120 WW
Durable Med Equip.; Dialysis; and Part B Drugs (20% (IN) in all Plans)	**20% (IN) - 30% (OUT) DME 20% (IN) - 20% (OUT)**	**20% (IN) - 40% (OUT) DME 20% (IN) - 20% (OUT)**	**20% (IN) - 30% (OUT) DME 20% (IN) - 20% (OUT)**	**20%**	**20% (IN) - 30% (OUT)**
Diagnostic: Lab / Other Procedures	**$0 / $0 (IN) - 30% (OUT)**	**$0 / $0-$40 (IN) -40% (OUT)**	**$0 / $0 (IN) - 30% (OUT)**	**$0 / $0 to $20**	**$0 / $0 (IN) - 30% (OUT)**
X - Rays (Standard)	**$0 (IN) - 30% (OUT)**	**$0 (IN) - 40% (OUT)**	**$0 (IN) - 30% (OUT)**	**$0**	**$0 (IN) - 30% (OUT)**
Diag. Radiology (MRI, CT, PET, etc.)	$100 to $300 (IN) - 30% (OUT)	$350 (IN) - 40% (OUT)	$100 to $300 (IN) - 30% (OUT)	**$150 to $225**	$100 to $200 (IN) - 30% (OUT)
Radiation Therapy (co-pay may apply)	**20% (IN) - 30% (OUT)**	**20% (IN) - 40% (OUT)**	**20% (IN) - 30% (OUT)**	**20%**	**20% (IN) - 30% (OUT)**
Part D Prescription Drug Retail Co-Pays (30 day supply) (33% 90 day Discount)	**$0/$7/$37/42%/33%** (At Preferred Pharmacies) (No Drug Deductible)	**$1/$7/$37/48%/27%** (At Preferred Pharmacies) ($325 Drug Deduct. Tiers 3-5)	**$0/$15/$45/44%/25%** (At Preferred Pharmacies) ($480 Drug Deduct. Tiers 2-5)	**$0/$7/$37/48%/33%** (At Preferred Pharmacies) (No Drug Deductible)	**$0/$5/$35/43%/33%** (At Preferred Pharmacies) (No Drug Deductible)
Diabetic Monitoring Supplies	**$0 (IN) - 20% (OUT)**	**$0 (IN) - 20% (OUT)**	**$0 (IN) - 20% (OUT)**	**$0**	**$0 (IN) - 30% (OUT)**
Dental Coverage	(IN) $1000/yr. Preventive & Comprehensive Allowance (OUT) 50%	(IN) $500/yr. Preventive & Comprehensive Allowance (OUT) 50%	(IN) $3000/yr. Preventive & Comprehensive Allowance (OUT) 50%	$2000/yr. Preventive & Comprehensive Allowance	(IN) $1000/yr. Preventive & Comprehensive Allowance (OUT) 50%
Routine Hearing Exam / Hearing Aid Allowance	Exam $0 (IN) - 40% (OUT) $1500 Allow. For Aids/ yr.	Exam $0 (IN) - 40% (OUT) $700 Allow. For Aids/ yr.	Exam $0 (IN) - 40% (OUT) $1500 Allowance for Aids/ yr.	Exam $0 $1500 Allow. for Aids/yr.	Exam $0 (IN) - 40% (OUT) $1500 Allow. for Aids/yr.
Routine Vision Exam / Glasses Allowance	Exam: $0 (IN) - 40% (OUT) / $200 Glasses Allowance	Exam: $0 (IN) - 40% (OUT) / $100 Glasses Allowance	Exam: $0 (IN) - 40% (OUT) / $100 Glasses Allowance	**$0 Exam/ $300 Glasses Allow./ yr.**	Exam: $0 (IN) - 40% (OUT) / $200 Glasses Allowance
Health Clubs / Wellness Programs	$0 at Particip. Health Clubs $85/ qtr. OTC Allowance.	$0 at Particip. Health Clubs $30/ qtr. OTC Allowance	$0 at Particip. Health Clubs $150/ qtr. OTC Allowance $1000 Flex Card	$0 at Particip.Health Clubs $60/ qtr. OTC Allowance	$0 at Particip. Health Clubs $135/ qtr. OTC Allowance
Travel Benefits - Out of Network	The Plan's Out of Network Rates	The Plan's Out of Network Rates	The Plan's Out of Network Rates	**Emergency Only**	The Plan's Out of Network Rates
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	**$6,700 (IN) $7600 (IN) & (OUT) Combined**	**$7,550 (IN) $11,300 (IN & OUT Combined)**	**$6,700 (IN Network) $10,000 (IN & (OUT) Combined**	**$6700 In Network**	**$3,400 (IN) $3,400 (IN) & (OUT) Combined**

Note: The information provided is current as of Oct 11, 2021. 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.