

**2016 Medicare Advantage Plans Comparison Chart for Monroe County (Prepared by Lifespan (585) 244-8400 x113)**

BENEFIT	EXCELLUS BLUE CHOICE HMO PLANS				
	Phone: 800-659-1986 (Excellus Plans Accepted at all Local Hospitals)				
	Select (HMO-POS)	Value (HMO)	Value Plus (HMO)	Optimum (HMO-POS)	Platinum (HMO-POS)
Medicare Star Rating (5 Stars Max.)	4	4	4	4	4
Monthly Premium	\$0 (\$360 Drug Deduct.)	\$44 (\$225 Drug Deduct.)	\$112	\$214	\$175 (No Drugs)
Hospitalization - Inpatient	\$350/day days 1-5 Days 6+ @ \$0	\$350/day days 1-5 Days 6+ @ \$0	\$300/day days 1-5 Days 6+ @ \$0	\$275/day days 1-5 Days 6+ @ \$0	\$250/day days 1-5 Days 6+ @ \$0
Hospital - Observation	20%	20%	\$400	\$250	20%
Skilled Nursing Facility for Rehab	Days 1-20 @ \$0 Days 21-100 \$160/day	Days 1-20 @ \$0 Days 21-100 \$160/day	Days 1-20 @ \$0 Days 21-100 \$140/day	Days 1-20 @ \$0 Days 21-100 \$125/day	Days 1-20 @ \$0 Days 21-100 \$120/day
Primary Care Physician / Specialist	\$20 / \$50	\$10 / \$50	\$10 / \$45	\$10 / \$40	\$15 / \$40
Chiropractic (Spinal Manipulation)	\$20 (w/ referral)	\$10 (w/ referral)	\$10 (w/ referral)	\$10 (w/ referral)	\$15 (w/ referral)
Outpatient - Hospital / Surgical Facil.	20% / 20%	20% / 20%	\$400 / \$400	\$250 / \$250	20% / 20%
Outpatient - Mental Health	20%	20%	20%	20%	20%
Ambulance (May need Authorization)	\$240	\$240	\$175	\$150	\$150
Emergency-Worldwide / Urgent-in US	\$75 / \$65	\$75 / \$40	\$75 / \$40	\$75 / \$40	\$75 / \$50
Durable Med Equipment	20%	20%	20%	20%	20%
Diagnostic: Lab / Other Procedures	\$25	\$15	\$15	\$0	\$10
X - Rays (Standard)	\$60	\$50	\$50	\$40	\$40
Advan. Radiology (MRI, CT, PET, etc.)	20%	20%	\$175	\$150	\$150
Radiation Therapy (co-pay may apply)	20%	20%	20%	20%	20%
Renal Dialysis -Office co-pay may apply	20%	20%	20%	20%	20%
Part B Drugs & Chemotherapy	20%	20%	20%	20%	20%
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	\$360 Deduct. Tiers 3-5 \$4/\$12/\$47/\$100/25%	\$225 Deduct. Tiers 3-5 \$4/\$12/\$47/\$100/28%	\$4/\$12/\$47/\$100/33%	\$3/8/\$47/\$100/33%	No Drug Coverage
Diabetic Monitoring Supplies	20%	20%	20%	20%	20%
Preventive Dental: (2 Oral Exams/Cleanings/X-rays)	No Coverage	No Coverage	2 Visit Allowance	2 Visit Allowance	No Coverage
Hearing Exam / Hearing Aid Allow.	\$50 / No Allowance	\$50 / No Allowance	\$45 / No Allowance	\$40 / No Allowance	\$40 / No Allowance
Routine Vision Exam / Glasses Allow.	\$50 Exam / No Allow.	\$50 Exam / No Allow.	\$45 / \$75 Allow.	\$40 / \$120 Allow.	\$40 / \$120 Allow.
Acupuncture	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Health Clubs / Wellness Programs	\$25/yr Silver & Fit \$150 Allow. For Non-Partic.	\$25/yr Silver & Fit \$150 Allow. For Non-Partic.	\$25/yr Silver & Fit \$150 Allow. For Non-Partic.	\$25/yr Silver & Fit \$150 Allow. For Non-Partic.	\$25/yr Silver & Fit \$150 Allow. For Non-Partic.
Travel Benefits - Out of Network	30% co-pay (OoN) (\$3000 Max Benefit)	Emergency Only	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%) <small>Excludes premiums, drugs and uncovered costs</small>	\$6,700	\$6,700	\$6,700	\$6700 In Network	\$5500 In Network

**Note:** The information provided is current as of Oct. 1, 2015. Please refer to documents provided by each plan for the most detailed and up-to-date information

**2016 Medicare Advantage Plans Comparison Chart for Monroe County (Prepared by Lifespan (585) 244-8400 x113)**

	MVP HEALTH CARE PLANS Phone: 800-324-3899			
BENEFIT	(MVP Plans are Accepted at all local hospitals)			
	Gold Value	Preferred Gold w/o Drugs	Gold PPO w/ Part D	Basicare PPO w/ Part D
Medicare Star Rating (5 Stars Max.)	4.5	4.5	4.5	4.5
Monthly Premium	\$167.50	\$99.60 (No Drugs)	\$151.00	\$29.90 (w/ \$360 Drug Deduct.)
Hospitalization - Inpatient	Days 1-5 @ \$295/day > 5 Days @ \$0	Days 1-5 @ \$150/day > 5 Days @ \$0	Stays 1-3@ \$750 Annual Max \$2250 (IN) 40% (OUT of Network)	Days 1-5 @ \$295 >5 days @ \$0 (IN) 40% (Out of Network)
Hospital - Observation	\$300/Stay	\$225/Stay	\$500 (IN) - 40% (OUT)	\$600 (IN) - 40% (OUT)
Skilled Nursing Facility for Rehab	Days 1-20 @ \$0 Days 21-100 \$160/day	Days 1-20 @ \$0 Days 21-100 \$160/day	(IN) Days 1-20 @ \$0 Days 21-100 @ \$160/day (OUT) 40%	(IN) Days 1-20 @ \$0 Days 21-100 \$160/day (OUT) 40%
Primary Care Physician / Specialist	\$20 / \$40 (No Referral)	\$15 / \$30 (No Referral)	\$25 / \$50(IN) \$60 / \$60 (OUT)	\$35 / \$50(IN) \$60 / \$60 (OUT)
Chiropractic (Spinal Manipulation)	\$20	\$20	\$20 (IN) or (OUT)	\$20 (IN) or (OUT)
Outpatient - Hospital / Surgical Facil.	\$300 / \$150	\$225 / \$100	\$500/\$250 (IN)- 40% (OUT)	\$600/\$300 IN- 40% OUT
Outpatient - Mental Health	\$40 (Need Authoriz.)	\$30 (Need Authoriz.)	\$40(IN) \$60(Out) (Need Auth.)	\$40(In) \$60(Out) (Need Auth.)
Ambulance (May need Authorization)	\$125	\$75	\$125	\$200
Emergency-Worldwide / Urgent-in US	\$75 / \$40	\$75 / \$30	\$75 / \$50	\$75 / \$50
Durable Med Equipment	20%	20%	20% (IN) - 40% (OUT)	20% (IN) - 40% (OUT)
Diagnostic: Lab / Other Procedures	\$0 / \$10	\$0 / \$10	\$0 / \$10 (IN) - 40% (OUT)	\$0 / \$20 (IN) - 40% (OUT)
X - Rays (Standard)	\$40	\$30	\$50 (IN) - \$60 (OUT)	\$50 (IN) - \$60 (OUT)
Advan. Radiology (MRI, CT, PET, etc.)	\$100	\$60	\$60 (IN) - 40% (OUT)	\$100 (IN) - 40% (OUT)
Radiation Therapy (co-pay may apply)	\$0	\$0	\$0 (IN) - 40% (OUT)	\$0 (IN) - 40% (OUT)
Renal Dialysis -Office co-pay may apply	\$0	\$0	\$0 (IN) or (OUT)	\$0 (IN) or (OUT)
Part B Drugs & Chemotherapy	20%	20%	20% (IN) - 40% (OUT)	20% (IN)-40% (OUT)
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	\$0/\$10/\$35/\$90/33%/\$0	No Part D Drug Coverage	\$0/ \$10/\$35/\$90/33%/\$0	(\$360 Tier 2-5 Deduct.) \$3/\$15/\$45/\$95/\$25%/\$0
Diabetic Monitoring Supplies	10% or 20%	10% or 20%	10% to 20% (IN) - 40% (OUT)	10% to 20% (IN) - 40% (OUT)
Preventive Dental: (2 Oral Exams/Cleanings/X-rays)	\$240/yr. Prevention Allowance	No Coverage	No Coverage	No Coverage
Hearing Exam / Hearing Aid Allow.	\$40 / \$699 or \$999 copay	\$30 / \$699 or \$999 copay	Exam \$50 (IN) / \$60 (OUT) \$699 or \$999 copay	Exam \$50 (IN) / \$60 (OUT) \$699 or \$999 copay
Routine Vision Exam / Glasses	\$40 / \$75 Glasses / 2 yrs	\$30 / \$100 glasses / 2 yrs	\$50 / \$60 - No Glasses	\$50 / \$60 - No Glasses
Acupuncture	50% for 10 Visits	50% for 10 visits	50% / 10 Visit Limit	No Coverage
Health Clubs / Wellness Programs	Silver Sneakers - plus \$100 Health Dollar Allow.	Silver Sneakers - plus \$100 Health Dollar Allow.	Silver Sneakers - plus \$100 Health Dollar Allow.	Silver Sneakers - plus \$100 Health Dollar Allow.
Travel Benefits - Out of Network	30% copay Out of Netwrk (\$5000 Max Benefit)	30% copay Out of Netwrk (\$5000 Max Benefit)	\$60 Office Visit 40% Other	\$60 Office Visit 40% Other
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$6,000	\$4,500	\$4000 (IN) \$10,000 (IN and OUT)	\$4000 (IN) \$10,000 (IN and OUT)

**Note:** The information provided is current as of Oct. 1, 2015. Please refer to documents provided by each plan for the most detailed and up-to-date information!

Prepared by: Ron Brandwein-Monroe County HIICAP Coord.  
and N Thayer and J Tinch - HIICAP Counselors  
10/9/2015

This data is intended for comparison purposes only.  
Lifespan makes no recommendation regarding the appropriateness of any plan for any individual.

**2016 Medicare Advantage Plans Comparison Chart for Monroe County (Prepared by Lifespan (585) 244-8400 x113)**

	AETNA PLANS Phone: 800-529-5586		HEALTHNOW PLAN	WELLCARE Value Plan (HMO)
BENEFIT	Premier PPO Plan	Connect Plus PPO Plan	Select Saver (HMO-POS)	(Accepted at RGH / Unity Only)
	With Part D Drugs	With Part D Drugs	Phone: 888-989-9905	Phone: 866-527-0057
Medicare Star Rating (5 Stars Max.)	4.5	4.5	4	3
Monthly Premium	\$0 (w/ \$100 Drug Deduct.)	\$188.00	\$76.00	\$0 (w/ \$190 Medical Deduct.)
Hospitalization - Inpatient	(IN) Days 1-5 @\$345/da. Then \$0 (IN) Mental Health \$1528 /Stay (OUT) @40%	(IN) Days 1-4 @\$200/da. Then \$0 (IN) Mntl Hlth. @\$200/dys 1-5 Then \$0 (OUT) @20%	Days 1-7 @ \$270/day Then \$0 (\$1890 Max annually)	Days 1-3 @ \$591/day Mental Hlth. Days 1-5 @\$350 Days 4 (or 6) to 90 @ \$0 (90 Day Limit)
Hospital - Observation	\$290 (IN) - 40% (OUT)	\$150 (IN) - 20% (OUT)	\$75 / Day	20%
Skilled Nursing Facility for Rehab	(IN) Days 1-20 @ \$0 (IN) Days 21-100 @\$160/day (OUT) @40%	(IN) Days 1-20 @ \$0/day (IN) Days 21-100 @\$75 (OUT) @20%	Days 1-20 @ \$0 Days 21-100 @ \$160	Days 1-20 @ \$0 Days 21-100 @ \$160/day
Primary Care Physician / Specialist	\$10 / \$40 (IN) 40% / 40% (OUT)	\$0 / \$15 (IN) 20% / 20% (OUT)	\$35 / \$50	\$5 / \$45
Chiropractic (Spinal Manipulation)	\$20 (IN) - 40% (OUT)	\$15 (IN) - 20% (OUT)	\$20	\$0
Outpatient - Hospital / Surgical Facil.	\$290 (IN) - 40% (OUT)	\$150 (IN) - 20% (OUT)	\$250	20% / \$100
Outpatient - Mental Health	\$40 (IN) - 40% (OUT)	\$40 (IN) - 20% (OUT)	\$40 Need Authorization	\$40 Group or Individual
Ambulance (May need Authorization)	\$300 (IN & OUT)	\$100 (IN & OUT)	\$200	\$200
Emergency-Worldwide / Urgent-in US	\$75 / \$40	\$75 / \$50	\$75 / \$65	\$75 / \$35
Durable Med Equipment	20% (IN) - 40% (OUT)	20% (IN & OUT)	20%	20%
Diagnostic: Lab / Other Procedures	\$0 / \$40 (IN) - 40% (OUT)	\$0 (IN) - 20% (OUT)	\$5 / \$50	\$0 / \$50
X - Rays (Standard)	\$45 (IN) - 40% (OUT)	\$15 (IN) - 20% (OUT)	\$50	\$0 (for Basic X-Ray)
Advan. Radiology (MRI, CT, PET, etc.)	\$175 (IN) - 40% (OUT)	\$125 (IN) - 20% (OUT)	\$75	\$150
Radiation Therapy (co-pay may apply)	20% (IN) - 40% (OUT)	20% (IN & OUT)	\$50	\$45 or 20% if in Hospital
Renal Dialysis -Office co-pay may apply	20% (IN & OUT)	20% (IN & OUT)	\$10	20%
Part B Drugs & Chemotherapy	20% (IN) - 40% (OUT)	20% (IN & OUT)	20%	20%
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	\$5/\$10/\$47/50%/30% (\$100 Deduct.) @ Preferred Pharmacies	\$0/\$7/\$47/50%/30% @ Preferred Pharmacies	\$7/\$15/\$42/\$94/33% @Preferred Pharmacy	\$3/\$15/\$47/48%/33% (90 day Tier 1 Mail Order @\$0)
Diabetic Monitoring Supplies	\$0 - @ Preferred Suppliers 20% Other Suppliers	\$0 - Preferred Suppliers 20% Other Suppliers	\$0	20%
Preventive Dental: (2 Oral Exams/Cleanings/X-rays)	No Coverage	\$0 (IN & OUT) \$150/yr. Max Benefit	\$17 or \$31 /mo. for Dental Rider	\$0 Co-pay (2 Routine visits)
Hearing Exam / Hearing Aid Allow.	Exam \$0 (IN / 40% (OUT) - \$1000 Allow. every 3 Yrs	Exam \$0 (IN / 20% (OUT) - \$500 Allow. every 3 Yrs	No Routine Coverage	\$0 Exam \$350/yr. Allowance
Routine Vision Exam / Glasses	\$0 (IN) / 40% (OUT)-\$300 Allow. / 2 yrs	\$0 (IN) / 20% (OUT)- \$150Allow. / 2 yrs	\$50 / No Glasses	\$0 Exam \$100/yr. Allowance
Acupuncture	No Coverage	No Coverage	No Coverage	\$30 (20 visits)
Health Clubs / Wellness Programs	\$0 Silver & Fit \$75/mo. Copay for Non-Network Facil.	\$0 Silver & Fit \$75/mo. Copay for Non-Network Facil.	\$0 for Silver Sneakers	\$0 for Silver Sneakers
Travel Benefits - Out of Network	Out of Network Rates (With \$1000 Deductible OoN)	Out of Network Rates (With \$500 Deductible OoN)	30% co-pay (OoN) (\$2500 Max Benefit)	Emergency Only
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$6700 (IN) \$10,000 (IN & OUT)	\$4500 (IN) \$7500 (IN & OUT)	\$6,700	\$5,000

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**2016 Medicare Advantage Plans Comparison Chart for Monroe County (Prepared by Lifespan (585) 244-8400 x113)**

BENEFIT	UNITED HEALTH CARE Complete Choice PPO Plans Phone: 855-332-0910					
	Complete Choice PPO Plan 1		Complete Choice PPO Plan 3		Complete Choice PPO Plan 4	
	(In Network)	Out of Network	(In Network)	Out of Network	(In Network)	Out of Network
<b>Medicare Star Rating (5 Stars Max.)</b>	3.5					
<b>Monthly Premium</b>	\$0 / mo. (\$290 Drug Deductible)		\$39 / mo. (\$150 Drug Deductible)		\$69 / mo.	
<b>Hospitalization - Inpatient</b>	Days 1-4 @ \$395 / Day > 4 days @ \$0	Days 1-20 @ \$500 / Day > 20 days @ \$0	Days 1-4 @ \$325 / Day > 4 days @ \$0	Days 1-19 @ \$495 / Day > 19 days @ \$0	Days 1-4 @ \$295 / Day > 4 days @ \$0	Days 1-26 @ \$325 / Day > 26 days @ \$0
<b>Hospital - Observation</b>	20%	40%	\$295 / day	40%	\$250 / day	40%
<b>Skilled Nursing Facility for Rehab</b>	Days 1-20 @ \$0/day Days 21 - 47 @ \$160/Day Days 48 - 100 @ \$0/Day	Days 1- 40 @ \$250/day Days 41 - 100 @ \$0/Day	Days 1-20 @ \$0/day Days 21 - 56 @ \$160/Day Days 57 - 100 @ \$0/Day	Days 1- 36 @ \$250/day Days 37 - 100 @ \$0/Day	Days 1-20 @ \$0/day Days 21 - 51 @ \$160/Day Days 52 - 100 @ \$0/Day	Days 1- 33 @ \$250/day Days 34 - 100 @ \$0/Day
<b>Primary Care Physician / Specialist</b>	\$10 / \$45	\$45 / \$70	\$5 / \$30	\$40 / \$60	\$0 / \$25	\$30 / \$50
<b>Chiropractic (Spinal Manipulation)</b>	\$20	\$70	\$20	\$60	\$20	\$50
<b>Outpatient - Hospital / Surgical Facil.</b>	20%	40%	\$295	40%	\$250	40%
<b>Outpatient - Mental Health</b>	\$30 Group - \$40 Individ.	\$35 Group - \$45 Individ.	\$30 Group - \$40 Individ.	\$35 Group - \$45 Individ.	\$30 Group - \$40 Individ.	\$35 Group - \$45 Individ.
<b>Ambulance (May need Authorization)</b>	\$250	\$250	\$250	\$250	\$250	\$250
<b>Emergency-Worldwide / Urgent-in US</b>	\$75 / \$30	\$75 / \$40	\$75 / \$30	\$75 / \$40	\$75 / \$25	\$75 / \$40
<b>Durable Med Equipment</b>	20%	40% - 50%	20%	40% - 50%	20%	40% - 50%
<b>Diagnostic: Lab / Other Procedures</b>	\$19 / 20%	\$19 / 40%	\$18 / 20%	\$18 / 40%	\$19 / 20%	\$19 / 40%
<b>X - Rays (Standard)</b>	\$16	\$21	\$16	\$21	\$16	\$21
<b>Advan. Radiology (MRI, CT, PET, etc.)</b>	20%	40%	20%	40%	20%	40%
<b>Radiation Therapy (co-pay may apply)</b>	20%	40%	20%	40%	20%	40%
<b>Renal Dialysis -Office co-pay may apply</b>	20%	20%	20%	20%	20%	20%
<b>Part B Drugs &amp; Chemotherapy</b>	20%	40%	20%	40%	20%	40%
<b>Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)</b>	\$2/\$12/\$47/\$100/26% (\$290 Deduct. Tiers 3-5)	No Out of Network Coverage	\$2/\$8/\$45/\$95/29% (\$150 Deduct. Tiers 3-5)	No Out of Network Coverage	\$2/\$8/\$45/\$95/33%	No Out of Network Coverage
<b>Diabetic Monitoring Supplies</b>	\$0 - Specific Brands	40%	\$0 - Specific Brands	40%	\$0 - Specific Brands	40%
<b>Preventive Dental: (2 Oral Exams/Cleanings/X-rays)</b>	\$37 / mo. for Dental Rider (\$1000 Max Benefit with \$100 Deductible)		\$37 / mo. for Dental Rider (\$1000 Max Benefit with \$100 Deductible)		\$0 Copay at UHC Dental Plan Dentists May have copays at non-network dentists (\$1000 max benefit)	
<b>Hearing Exam / Hearing Aid Allow.</b>	\$10 Exam \$390-\$450 copay for Aide	\$70 Exam \$390-\$450 copay for Aide	\$5 Exam \$390-\$450 copay for Aide	\$60 Exam \$390-\$450 copay for Aide	\$0 Exam \$390-\$450 copay for Aide	\$50 Exam \$390-\$450 copay for Aide
<b>Routine Vision Exam / Glasses</b>	\$45 - No Glasses	\$70 - No Glasses	\$30 - No Glasses	\$60 - No Glasses	\$25 - No Glasses	\$50 - No Glasses
<b>Acupuncture</b>	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
<b>Health Clubs / Wellness Programs</b>	\$15/mo. Silver Sneakers Rider		\$0 Silver Sneakers	\$0 Slvr Snkrs Step Kit	\$0 Silver Sneakers	\$0 Slvr Snkrs Step Kit
<b>Travel Benefits - Out of Network</b>	Passport Program or Out of Network Rates		Passport Program or Out of Network Rates		Passport Program or Out of Network Rates	
<b>Maximum Out of Pocket Expense (After which Plan pays 100%) <small>Excludes premiums, drugs and uncovered costs</small></b>	\$6,700 (IN Network)	\$10,000 (IN & OUT of Ntwrk)	\$5,700 (IN Network)	\$9,000 (IN & OUT of Ntwrk)	\$4,900 (IN Network)	\$8,200 (IN & OUT of Ntwrk)

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