

2025 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY - Prepared by Lifespan (585) 287-6413

	EXCELLUS BLUE CHOICE PLANS (Page 1) Phone: 800-659-1986 or 1-888-529-1386				
	(All Local Hospital Systems are in the Excellus Network)				
	Extra (HMO)	Select (HMO)	Discovery PPO (In Ntwk)	Discovery PPO (OoN)	Advanced (HMO-POS)
Medicare Star Rating (5 Stars Max.)	4 Stars	4 Stars	4 Stars	4 Stars	4 Stars
Monthly Premium	\$0 / mo. w/ \$26 /mo Part B Reduction	\$0 / mo.	\$34.30 / mo.	\$34.30 / mo.	\$37.30 / mo.
Hospitalization - Inpatient	\$475 /day days 1-5 After 5 days @ \$0	\$425/day days 1-5 After 5 days @ \$0	\$450 /day for days 1-5 After 5 days @\$0	\$450 /day for days 1-28 After 28 days @ \$0	\$400 /day days 1-5 After 5 days @ \$0
Hospital - Observation	\$400	\$340/ Stay	\$375 / Stay	30%	\$350/ Stay
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$214/day	Days 1-20 @ \$0 Days 21-100 @ \$214/day	Days 1-20 @ \$0 Days 21-100 @ \$214/day	Days 1-100 @ 30%	Days 1-20 @ \$0 Days 21-100 @ \$214/day
Primary Care Physician / Specialist	\$10/ \$50	\$5 / \$45	\$5 PCP/ \$45 Specialist	\$20 PCP /\$50 Specialist	\$5 / \$40
Telehealth Doctor Sessions	Telehealth Dr. \$10 / \$50	Telehealth Dr. \$5 / \$45	\$5 PCP/ \$45 Specialist	Not Covered	Telehealth Dr. \$5 / \$40
Physical Therapy / Chiropractor	\$35 PT / \$15 Chiropractor	\$35 PT / \$15 Chiropractor	\$35 PT / \$15 Chiropractor	\$50 PT/ \$20 Chiro.	\$35 PT / \$15 Chiro.
Outpatient - Hospital / Surgical Facil.	\$400 / \$400	\$340 / \$340	\$375/ \$375	30%	\$350 / \$350
Outpatient - Mental Health	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)	20% (May Need Prior Auth.)	30%	20% (May Need Prior Auth.)
Ambulance / Rides to Medical Appts.	\$275 / No Rides to Dr.	\$250 / No Rides	\$325 / No Rides to Medical Appointments	\$325 / No Rides to Medical Appointments	\$275 / No Rides
Emergency / Urgent Care (WW)	\$110 / \$45 WW	\$110 / \$45 WW	\$110 / \$45 WW	\$110 / \$45 WW	\$110 / \$45 WW
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20%	20%	20%	30% 20% for Dialysis	20%
Diagnostic: Lab / Other Procedures	\$15 / \$15	\$0 / \$0	\$5 / \$5	30% / 30%	\$10 / \$10
X - Rays (Standard)	\$55	\$55	\$50	\$60	\$50
Diag. Imaging (MRI, CT, PET, etc.)	\$300	\$250	\$250	30%	\$250
Radiation Therapy	20%	20%	20%	30%	20%
Part D Presc. Drug Retail Co-Pays (30 day supply) (Some 90 day Discounts)	\$0/\$15/\$42/50%/28% (At Prefer. Pharmacies) (\$400 Deduct. Tiers 3-5)	\$0/\$15/\$42/50%/28% (At Preferred Pharmacies) (\$380 Deduct. Tiers 3-5)	\$0/\$15/\$42/50%/25% (At Preferred Pharmacies) (\$590 Deduct. Tiers 3-5)	Plan May Not Cover	\$0/\$15/\$42/\$50/29% (At Preferred Pharmacies) (\$300 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 /mo. @ Pref. Suppliers Max. \$35/mo for Covered Insulin	30% for Supplies and Insulin via Pump	\$5 /30 mo. @ Pref. Suppliers Max. of \$35/mo. for Covered Insulin
Dental Coverage	\$0 for 2 Preven. visits plus Comprehensive Coverage with \$1000 Max Benefit	\$0 for 2 Preven. visits plus Comprehensive Coverage with \$1000 Max Benefit	\$0 for 2 Preventive Visits plus Comprehensive Coverage With \$1000 Maximum Benefit / yr.	\$0 for 2 Preventive Visits plus Comprehensive Coverage 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 OoN	\$0 Exam by TruHearing \$499 or \$799 copay for Aid
Routine Vision Exam / Glasses Allowance	\$50 Exam / yr. \$250 Allow./yr	\$50 Exam / yr \$350 Allowance/ yr.	\$45 Exam / yr. \$150 Allowance /yr	\$50 Exam / yr. \$150 Allowance /yr	\$0 Exam /yr. \$150 Allow./yr
Health Clubs / Wellness Programs	\$0 for FitOn Health Prog. \$50 /qtr. OTC from Catalog	\$0 for FitOn Health Prog \$90 / qtr. OTC from Catalog	\$0 for FitOn Health Prog No OTC Benefit	\$0 for FitOn Health Prog No OTC Benefit	\$0 forFitOn Health Prog. \$30 /qtr OTC from Catalog
Travel Benefits - Out of Network	Emergency Only	Emergency Only	Not applicable	Pay OoN Rates or Blue Card Network	30% copay w/ \$3000 OoN Max Benefit
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$9,300 In Network	\$8,900 In Network	\$8,900 IN	\$11,700 Combined IN and OUT	\$8,000 In Network

Note: The information provided is current as of Oct 17, 2024. 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.

2025 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY - Prepared by Lifespan (585) 287-6413

	EXCELLUS BLUE CHOICE PLANS (Page 2) Phone: 800-659-1986 or 1-888-529-1386		
	(All Local Hospital Systems are in the Excellus Network)		
	Value Plus (HMO-POS)	Optimum (HMO-POS)	
Medicare Star Rating (5 Stars Max.)	4 Stars	4 Stars	
Monthly Premium	\$72.30 / mo	\$200.70 / mo.	
Hospitalization - Inpatient	\$350/day days 1-5 After 5 days @ \$0	\$285/day days 1-5 After 5 days @ \$0	
Hospital - Observation	\$300/ Stay	\$250/ Stay	
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$214/day	Days 1-20 @ \$0 Days 21-100 @ \$214/day	
Primary Care Physician / Specialist	\$0 / \$30	\$0 / \$30	
Telehealth Doctor Sessions	Telehealth Dr. \$0/ \$30	Telehealth Dr. \$0 / \$30	
Physical Therapy / Chiropractor	\$30 PT / \$15 Chiropractor	\$30 PT / \$15 Chiropractor	
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.	\$225 / No Rides to Dr.	\$150 / 12 Rides to Dr.	
Emergency / Urgent Care (Worldwide)	\$110 / \$40 WW	\$110 / \$40 WW	
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20%	20%	
Diagnostic: Lab / Other Procedures	\$4 / \$4	\$0 / \$0	
X - Rays (Standard)	\$50	\$40	
Diag. Imaging (MRI, CT, PET, etc.)	\$175	\$150	
Radiation Therapy (co-pay may apply)	20%	20%	
Part D Presc. Drug Retail Co-Pays (30 day supply) (Some 90 day Discounts)	\$0/\$15/\$42/50%/33% (At Preferred Pharmacies) (No Deductible)	\$0/\$12/\$42/50%/33% (At Preferred Pharmacies) (No Deductible)	
Diabetic Monitoring Supplies and Low Cost Insulin (Under \$35)	\$5 /30 days @ Pref. Suppliers Max. \$35/mo for Covered Insulin	\$5 /30 days @ Pref. Suppliers Max. of \$35/mo for Covered 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. \$200 Allow./yr	\$40 Exam / yr. \$275 Allow./yr	
Health Clubs / Wellness Programs	\$0 for Fit On Health Program. \$50 / qtr. OTC from Catalog	\$0 for Fit On Health Program. \$50 / qtr. OTC from Catalog	
Travel Benefits - Out of Network	30% co-pay w/\$3000 OoN Max Benefit	30% co-pay w/\$3000 OoN Max Benefit	
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$7,200 In Network	\$6,700 In Network	
Note: The information provided is current as of Oct 16, 2024. 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.			

2025 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 (All Local Hospital Systems are in the MVP Network)			
	Complete Wellness PPO	Medicare Secure HMO-POS	Medicare WellSelect Plus PPO	Medicare Prefer. Gold HMO-POS
Medicare Star Rating (5 Stars Max.)	3.5 Stars	4.5 Stars	3.5 Stars	4.5 Stars
Monthly Premium	\$0 / mo (\$7.60 Part B Prem. Reduct.)	\$39/ mo.	\$93.40 / mo	\$219 / mo.
Hospitalization - Inpatient	Days 1-6 @ \$395 After 6 days @ \$0 (IN Network) 40% (Out of Network)	Days 1-5 @ \$299 After 5 Days @ \$0	Days 1-5 @ \$400 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	\$375 / Stay (IN) - 40% (OUT)	\$375 / Stay
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$214 /day 40% (OUT)	Days 1-20 @ \$0 Days 21-100 \$214/day	Days 1-20 @ \$0 Days 21-100 \$214/day 40% (OUT)	Days 1-20 @ \$0 Days 21-100 \$214 /day
Primary Care Physician / Specialist	\$0 / \$55 (IN) - \$40 / \$60 (OUT)	\$0 / \$45	\$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
Physical Therapy / Chiropractor	\$35 PT / \$15 (IN) - \$60 / \$40 (Out)	\$35 PT / \$15 Chiropractor	\$30 PT/ \$15 (IN) - \$60 / \$20 (Out)	\$20 PT / \$15 Chiropractor
Outpatient - Hospital / Surgical Facil.	20% / 15% (IN)- 40% OUT	\$350 / \$300	\$375/\$300 (IN)- 40% OUT	\$350 / \$250
Outpatient - Mental Health	\$10 (In) - \$60 (Out) (Need Authoriz.)	\$10 (Need Prior Authoriz.)	\$10 (In) - \$60 (Out) (Need Authoriz.)	\$10 (Need Prior Authoriz.)
Ambulance / Rides to Medical Appt.	\$300 Ground - \$500 Air / No Rides	\$250 Ground - \$500 Air / 12 Rides	\$225 Ground - \$400 Air / 12 Rides	\$200 Ground - \$400 Air / 24 Rides
Emergency / Urgent Care WW	\$110 / \$45 in US - \$110 WW	\$110 / \$35 in US - \$110 WW	\$110 / \$40 in US - \$110 WW	\$110 / \$35 in US - \$110 WW
Durable Med Equip.; Dialysis; and Part B Drugs	20% (IN) - 40% (OUT) Dialysis: 20% (IN) - 20% (OUT)	20%	20% (IN) - 40% (OUT) Dialysis: 20% (IN) - 20% (OUT)	20%
Diagnostic: Lab / Other Procedures	\$0 / 20% (IN) - 40% (OUT)	\$0 / \$20	\$0 / \$20 (IN) - 40% (OUT)	\$0 / \$15
X - Rays (Standard)	20% (IN) - 40% (OUT)	\$50	\$50 (IN) - \$60 (OUT)	\$40
Diag. Imaging (MRI, CT, PET, etc.)	20% (IN) - 40% (OUT)	\$50 - \$225	\$50 - \$250 (IN) - 40% (OUT)	\$40 - \$200
Radiation Therapy	\$20% (IN) - 40% (OUT)	20%	20% (IN) - 40% (OUT)	20%
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for 90 days)	\$0/\$20/\$47/25%/26% (\$550 Deductible for Tiers 3-5)	\$0/\$15/\$47/25%/29% (\$300 Deductible for Tiers 3-5)	\$0/\$12/\$47/25%/30% (\$250 Deductible for Tiers 3-5)	\$0/\$10/\$40/25%/33% (No Drug Deductible)
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 (IN) / 40% (OUT) Maximum of \$35 / Mo for Insulin	\$0 from Preferred suppliers Maximum of \$35 / Mo Insulin	\$0 (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/ \$1750 Maximum Annual Benefit	Combined Preventive and Comprehensive Coverage w/ \$1750 Maximum Annual Benefit	Combined Preventive and Comprehensive Coverage w/ \$2000 Maximum Annual Benefit
Routine Hearing Exam / Hearing Aid Allowance	Exam \$0 (IN) --\$60 (OUT) /yr. \$699 - \$999 copay or \$600 Allow.	Exam \$0 /yr. \$699 - \$999 copay or \$600 Allow.	Exam \$0 (IN) - \$60 (OUT) /yr. \$699 - \$999 copay or \$600 Allow.	Exam: \$0 \$699-\$999 copay or \$600 Allow.
Routine Vision Exam / Glasses Allowance	Exam: \$0 (IN) - \$0 (OUT) /yr. \$225 /yr. Glasses Allowance	\$0 Exam / yr. \$225 /yr. Glasses Allowance	Exam: \$0 (IN) - \$0 (OUT) /yr. \$225/yr. Glasses Allowance	\$0 Exam /yr \$225 /yr. Glasses Allowance
Health Clubs / Wellness Programs	\$0 for Silver Sneakers \$50 /qtr. OTC Allowance \$100 Wellness Rewards	\$0 for Silver Sneakers \$75 /qtr OTC Allowance \$100 Wellness Rewards	\$0 for Silver Sneakers \$75 qtr. OTC Allowance \$100 Wellnes Rewards	\$0 for Silver Sneakers \$100 / qtr OTC Allowance \$100 Wellnes Rewards
Travel Benefits - Out of Network	\$60 Office Visit Out of Network 40% of Other OoN Costs	30% copay Out of Network (\$2500 Maximum Benefit)	\$60 Office Visit Out of Netwrk 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	\$8,900 (IN Network) \$13,500 (IN and OUT Combined)	\$7,900 In Network	\$7,900 (IN Network) \$11,800 (IN and OUT)	\$6,800

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	AETNA PLANS Phone: 833-859-6031 (All Local Hospital Systems are In the Aetna Network)		
	Elite PPO Plan	Premier PPO Plan	Platinum PPO Plan
	(IN) and (OUT) of Network Costs	(IN) and (OUT) of Network Costs	(IN) and (OUT) of Network Costs
Medicare Star Rating (5 Stars Max.)	4.5 Stars	4.5 Stars	4.5 Stars
Monthly Premium	\$61 per mo. (With \$1250 Deductible on Many * Medical Services IN and OUT *)	\$96 per mo. (With \$1000 Deductible on some * Out of Network Services *)	\$139 per mo.
Hospitalization - Inpatient	* (IN) Days 1-6 @\$395/da. After 6 days @ \$0 * (OUT) Days 1-5 @\$500/da. After 5 days @ \$0	(IN) Days 1-6 @\$350/da. After 6 days @ \$0 * (OUT) Days 1-5 @\$500/da. After 5 days @ \$0	(IN) Days 1-5 @\$250/day; After 5 days @ \$0 (OUT) Days 1-20 @ \$500/day After 20 days @ \$0
Hospital - Observation	* \$395(IN) - 40% (OUT) *	\$350 (IN) - 30% (OUT) *	\$0 /per Stay (IN) - 30% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	(IN) Days 1-20 @ \$0 * (IN) Days 21-100 @\$214 /day * (OUT) @40% / Stay	(IN) Days 1-20 @ \$0 (IN) Days 21-100 @\$214 /day (OUT) @30%/Stay *	(IN) Days 1-20 @ \$10 (IN) Days 21-100 @\$214 /day (OUT) @30%/Stay
Primary Care Physician / Specialist	\$10 / \$45 (IN) - \$50 / \$60 (OUT) *	\$5 / \$40 (IN) - \$50 / \$60 (OUT) *	\$0 / \$0 (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
Physical Therapy / Chiropractor	\$30 PT / \$15(IN) - 40% (OUT) *	\$30 PT / \$15 (IN) - 30% (OUT) *	\$0 PT / \$15 (IN) - 30% (OUT)
Outpatient - Hospital / Surgical Facil.	* \$350 / \$300 (IN) - 40% (OUT) *	\$395 / \$300 (IN) - 30% (OUT) *	\$300 / \$200 (IN) - 30% (OUT)
Outpatient - Mental Health	\$40 (IN) - 40% (OUT) *	\$40 (IN) - 30% (OUT) *	\$0 (IN) - 30% (OUT)
Ambulance / Rides to Medical Appt.	\$300 Ground or Air (IN &OUT) / No Rides	\$300 Grnd. or Air (IN &OUT*) / No Rides	\$300 Grnd. or Air (IN &OUT) / No Rides
Emergency / Urgent Care WW	\$110 / \$45 in US; \$110 WW	\$110 / \$50 in US; \$110 WW	\$60 / \$30 in US; \$60 WW
Durable Med Equip.; Dialysis; and Part B Drugs	DME 20% (IN) - 40% (OUT) * Part B Drugs 0-20% (IN) - 40% (OUT)* * Dialysis 20% (IN) - 50% (OUT) *	DME 20% (IN) - 30% (OUT) * Part B Drugs 0-20% (IN) - 30% (OUT)* Dialysis 20% (IN) - 50% (OUT) *	20% (IN) - 30% (OUT) Part B Drugs 0-20% (IN) - 30% (OUT) Dialysis 20% (IN) - 30% (OUT)
Diagnostic: Lab / Other Procedures	\$10 / \$45 (IN) - 40% / 40% (OUT) *	\$0 to \$10 / \$40 (IN) - 30% / 30% (OUT) *	\$0 / \$0 (IN) - 30% / 30% (OUT)
X - Rays (Standard)	\$45 (IN) - 40% (OUT) *	\$40 (IN) - 30% (OUT) *	\$0 (IN) - 30% (OUT)
Diag. Imaging (MRI, CT, PET, etc.)	\$200 - \$275 (IN) - 40% (OUT) *	\$200 - \$300 (IN) - 30% (OUT) *	\$100 - \$150 (IN) - 30% (OUT)
Radiation Therapy	* 20% (IN) - 40% (OUT) *	20% (IN) - 30% (OUT) *	20% (IN) - 30% (OUT)
Part D Prescription Drug Retail Co-Pays (30 day supply at Pref. Pharmacies)	\$0/\$0/22%/25%/25% At Preferred Pharmacies (\$590 Drug Deductible Tiers 3-5)	\$0/\$0/22%/25%/25% At Preferred Pharmacies (\$590 Drug Deductible Tiers 3-5)	\$0/\$0/24%/25%/25% At Preferred Pharmacies (\$590 Drug Deductible Tiers 3-5)
Diabetic Monitoring Supplies	\$0 - for OneTouch / Lifescan * 20% Other Suppliers (w/ Authoriz.) * Maximum of \$35 for Covered Insulin *	\$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Maximum of \$35 for Covered Insulin *	\$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Maximum of \$35 for Covered Insulin
Dental Coverage	Preventive Services \$0 (IN) - 50% (OUT) Dental Rider Available for Added Cost	Preventive and Comprehensive Coverage with \$1000 /yr. Maximum Benefit \$0 (IN) - 20% (OUT)	Preventive and Comprehensive Coverage with \$1250 /yr. Maximum Benefit \$0 (IN) - 20% (OUT)
Routine Hearing Exam / Hearing Aid Allowance	Exam \$0 (IN) - \$60 (OUT) * \$0 to \$1700 copay / ear / yr. for Aids	Exam \$0 (IN) - \$60 (OUT) * \$0 to \$1700 copay / ear / yr. for Aids	Exam \$0 (IN) - \$60 (OUT) * \$0 to \$1700 copay / ear / yr. for Aids
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) \$200 Glasses Allowance / yr.
Health Clubs / Wellness Programs	\$0 Basic Silver Sneakers @ Participating Health Clubs	\$0 Basic Silver Sneakers @ Participating Health Clubs	\$0 Basic 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
Maximum Out of Pocket Expense (After which Plan pays 100%) <small>Excludes premiums, drugs and uncovered costs</small>	\$9,350 (IN) \$14,000 (IN & OUT Combined)	\$9,350 (IN) \$14,000 (IN & OUT Combined)	\$4,500 (IN) \$6,300 (IN & OUT Combined)

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	UNITED HEALTH CARE PLANS Phone: 800-555-5757 (All Local Hospital Systems are in the United Health Care Network)	
	UHC AARP Medicare Adv. HMO-POS NY0008	UHC AARP PPO NY0025 (IN) and (OUT) of Network Costs
Medicare Star Rating (5 Stars Max.)	3.5 Stars	3 Stars
Monthly Premium	\$0 / mo.	\$35 / mo.
Hospitalization - Inpatient	\$390/day, days 1-5 After 5 days @ \$0	(IN) Days 1-5 @ \$375 / Day; > 5 days @ \$0 (OUT) Days 1-20 @ \$575 / day; >20 days @ \$0
Hospital - Observation	\$390 / Day	\$375 /Day (IN) - 50% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$203 /day	(IN) Da. 1-20 @\$0 Days 21-100 @ \$203 / Day (OUT) Days 1-100 @\$225/day
Primary Care Physician / Specialist	\$0 / \$45	\$0 / \$40 (IN) - \$58 / \$80 (OUT)
Telehealth Doctor Sessions	Telehealth Dr. \$0 (IN)	Telehealth Dr. \$0 (IN)
Physical Therapy / Chiropractor	\$45 PT / \$15	\$35 PT / \$15 (IN) - \$80 (out)
Outpatient - Hospital / Surgical Facil.	\$390 / \$340	\$375 / \$325 (IN) - 50% (OUT)
Outpatient - Mental Health	\$25 or \$15 (Group)	\$25 or \$15 (IN) - \$40 or \$30 (OUT)
Ambulance / Rides to Medical Appts.	\$275 / No Rides to Dr.	\$275 / No Rides to Dr.
Emergency / Urgent Care (Worldwide)	\$110 / \$45 in US - \$0 WW	\$110 / \$45 in US - \$0 WW
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20%	Durable Medical Equip: 20% (IN) - 50% (OUT) Dialysis: 20% (IN) - 20% (OUT) Part B Drugs 20% (IN)-50% (OUT)
Diagnostic: Lab / Other Procedures	\$0 / \$50	\$0 / \$50 (IN) - \$0 / 50% (OUT)
X - Rays (Standard)	\$30	\$35 (IN) - \$55 (OUT)
Diag. Imaging (MRI, CT, PET, etc.)	\$150	\$230 (IN) - 50% (OUT)
Radiation Therapy (co-pay may apply)	20%	\$80 (IN) - 50% (OUT)
Part D Prescription Drug Retail Co- Pays at Preferred Pharmacies (30 day supply - Discounts for mail order)	\$0/\$12/\$47/\$100/28% (\$420 Deductible Tiers 3-5)	\$0/\$14/\$47/\$100/26% (\$570 Deductible Tiers 3-5)
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 for Covered Brands Max \$35/mo. for Covered Insulin	\$0 for Covered Brands (IN) - 50%(OUT) Maximum of \$35/ mo. For Covered Insulin
Dental Coverage	\$0 Preventive services \$54 / mo for Optional Rider With \$1500 Max Benefit (IN or OUT)	\$0 Preventive services \$54 / mo for Optional Rider With \$1500 Max Benefit (IN or OUT)
Routine Hearing Exam / Hearing Aid Allowance	\$0 Exam/yr. \$99 to \$1249 copay / Aid / yr.	\$0 Exam (IN) / \$80 Exam (OUT) \$99 to \$1249 copay per Aid per yr.
Routine Vision Exam / Glasses Allowance	\$0 Exam (In Ntwrk) \$300 Glasses Allowance/ 2 yrs	Exam: \$0 (IN) - \$80 (OUT) \$300 Glasses Allowance / 2 yrs
Health Clubs / Wellness Programs	\$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 in US	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)	\$8,900 (IN Network) \$14,000 (IN & (OUT) Combined)
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	WELLCARE HEALTH PLANS Phone: 800-225-8017 (URMC Hospital System is not in the Wellcare Network)			
	GiveBack Open PPO	Simple 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	2.5 Stars	2.5 Stars	2.5 Stars
Monthly Premium	\$0 /mo. (\$180 Med. Deductible) (\$73/mo Part B Premium Reduction)	\$0 / mo.	\$28.30 / mo.	\$114 / mo.
Hospitalization - Inpatient	(IN) \$1810 /Stay for days 1-90 \$0 for days 91 - 100 (OUT) 30% for 1-90 Day Stay	(IN) Days 1-7 \$375 /day; >7 da. @ \$0 (OUT) Days 1-12 @ \$600 /da >12 da.@\$0 (Only covered for 100 days)	(IN) Days 1-4 @ \$490; @ 5 to 100 @\$0 (OUT) Days 1-4 @ \$490; 5 to 90 @\$0	(IN) 3 Days @ \$425; \$0 to 120 days (OUT) Days 1 to 90 @ 20% Days 91 to 100 day limit @\$0
Hospital - Observation	\$110 to 30% (IN) - 40% (OUT)	\$110 to 30% (IN) - 30% (OUT)	\$110 to 20% (IN) - 30% (OUT)	\$140 to \$450 (IN) - 30% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	(IN) Days 1-20 @ \$0/day (IN) Days 21-70 @ \$214 /day (OUT) Days 1- 100 @ 30%	(IN) Days 1-20 @ \$0/day (IN) Days 21-60 @ \$214 /day (OUT) Days 1- 100 @ 30%	(IN and Out) Days 1-20 @ \$0/day (IN) Days 21-60 @ \$214 /day (OUT) Days 1- 100 @ 30%	(IN) Days 1-20 @ \$0 / dday (IN) Days 21-50 @ \$214 / Day (OUT) Days 1-100 @ 30%
Primary Care Physician / Specialist	\$0 / \$35 (IN) - \$25 / \$60 (OUT)	\$0 / \$30 (IN) - \$25 / \$60 (OUT)	\$0 / \$25 (IN) - \$25 / \$50 (OUT)	\$0 / \$10 (IN) - \$25 / \$35 (OUT)
Telehealth Doctor Sessions	Via Telahealth Dr. \$0 (IN)	Via Telahealth Dr. \$0 (IN)	Via Telahealth Dr. \$0 (IN)	Via Telahealth Dr. \$0 (IN)
Physical Therapy / Chiropractor	\$35 PT / \$15 (IN) - 40% (OUT)	\$35 PT / \$15 (IN) - 30% (OUT)	\$25 PT / \$15 (IN) - \$40 PT / 30% (OUT)	\$10 PT / \$10 (IN) - 30% (OUT)
Outpatient - Hospital / Surgical Facil.	\$500 - 30% / \$475 (IN) - 40% (OUT)	\$500 - 30% / \$475 (IN) - 30% (OUT)	\$400 - 20% / \$250 (IN) - 30% (OUT)	\$375 - \$450 / \$150 (IN) - 30% (OUT)
Outpatient - Mental Health	\$35 (IN) - 40% (OUT)	\$35 (IN) - 30% (OUT)	\$25 (IN) - 30% (OUT)	\$10 (IN) - 30% (OUT)
Ambulance / Rides to Medic. Appts.	\$300 (IN) & (OUT) /No Rides	\$350 (IN & OUT) / No Rides	\$325 (IN & OUT) No Rides	\$350 (IN & OUT) / No Rides
Emergency / Urgent Care (WW)	\$110 / \$40 in US - \$110 WW	\$110 / \$35 in US - \$110 WW	\$110 / \$35 in US - \$110 WW	\$140 / \$35 in US - \$140 WW
Durable Med Equip.; Dialysis; and Part B Drugs	Part B Drugs 20% (IN) - 40% (OUT) Dialysis 20% (IN) - 20% (OUT) DME 20% (IN)-25% (OUT)	Part B Drugs 20% (IN) - 30% (OUT) Dialysis 20% (IN) - 20% (OUT) DME 20% (IN)-30% (OUT)	Part B Drugs 20% (IN) - 30% (OUT) Dialysis 20% (IN) - 20% (OUT) DME 20% (IN)-30% (OUT)	DME 20% (IN) - 30% (OUT) Part B Drugs 20%(IN)- 30%(OUT) Dialysis 20% (IN and (OUT)
Diagnostic: Lab / Other Procedures	\$0 / \$50 (IN) - 40% (OUT)	\$0 / \$50 (IN) -30% (OUT)	\$0 / \$50 (IN) - 30% (OUT)	\$0 / \$0 (IN) - 30% (OUT)
X - Rays (Standard)	\$55 (IN) - 40% (OUT)	\$35 (IN) - 30% (OUT)	\$25 (IN) -30% (OUT)	\$25 (IN) - 30% (OUT)
Diag. Imaging (MRI, CT, PET, etc.)	\$350 - \$500 (IN) - 40% (OUT)	\$350 to \$500 (IN) - 30% (OUT)	\$200 to \$400 (IN) - 30% (OUT)	\$100 to \$375 (IN) - 30% (OUT)
Radiation Therapy	20% (IN) - 40% (OUT)	20% (IN) - 30% (OUT)	20% (IN) - 30% (OUT)	20% (IN) - 30% (OUT)
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for mailorder)	\$0/\$0/25%/44%/28% (\$420 Drug Deduc Tiers 3-5)	\$0/\$0/25%/42%/28% (\$420 Drug Deduc. Tiers 3-5)	\$18/\$19/24%/\$100/25% (At Preferred Pharmacies) (\$580 Drug Deduc Tiers 2-5)	\$0/\$0/25%/49%/28% (At Preferred Pharmacies) (\$420 Deductible Tiers 3-5)
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 @ Pref Suppliers (IN) 40% (OUT) Maximum of \$35 / mo. for Insulin	\$0 @ Pref Suppliers (IN) 30% (OUT) Maximum of \$35 / mo. for Insulin	\$0 @ Pref Suppliers (IN) 20% (OUT) Maximum of \$35 / mo. for Insulin	\$0 @ Pref Suppliers (IN) 30% (OUT) Maximum of \$35 / mo. for Insulin
Dental Coverage	(IN) \$0 for 2 Preventive Visits (OUT) 50%	(IN) \$1000/yr. Preventive & Comprehensive Allowance (OUT) 50%	(IN) 1000/yr. Preventive & Comprehensive Allowance (OUT) 50%	(IN) \$1000/yr. Preventive & Comprehensive Allowance (OUT) 50%
Routine Hearing Exam / Hearing Aid Allow.	Exam \$0 (IN) - 40% (OUT) No Allowance For Aids	Exam \$0 (IN) - 40% (OUT) \$750 / ear / yr For Aids.	Exam \$0 (IN) - 40% (OUT) \$350 Allow. / ear / yr/ (IN) - 40% (OUT)	Exam \$0 (IN) - 40% (OUT) \$750 Allow. / ear / yr/ (IN) - 40% (OUT)
Routine Vision Exam / Glasses Allow.	Exam: \$0 (IN) - 40% (OUT) / \$100 Glasses Allowance	Exam: \$0 (IN) - 40% (OUT) / \$100 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. No OTC Card	\$0 for Wellcare Fitness Prog. \$40 / qtr. OTC Allowance Card	\$0 for Wellcare Fitness Prog. \$85 / qtr on a OTC Allow. Card	\$0 for Wellcare Fitness Prog. \$50/ qtr. OTC Allow. Card
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	The Plan's Out of Network Rates
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$8,850 (IN) \$13,300 (IN & OUT Combined)	\$8,850 (IN) \$13,300 (IN & OUT Combined)	\$8,850 (IN Network) \$13,300 (IN & (OUT) Combined)	\$3,400 (IN) \$3,400 (IN) & (OUT) Combined

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2025 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY - Prepared by Lifespan (585) 287-6413

	HUMANA HEALTH CARE PLANS Phone: 800-833-2364 (Rochester Regional Health System is not in the Humana Network) Choice PPO H5970-029
Medicare Star Rating (5 Stars Max.)	3.5 Stars
Monthly Premium	* \$28 / mo. *(With \$280 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 @\$214 (IN) 30% (OUT)
Primary Care Physician / Specialist	\$0 / \$40 (IN) - \$30 / \$75 (OUT) *
Telehealth Doctor Sessions	\$0 PCP / \$40 Specialist (IN Only)
Physical Therapy / Chiropractor	* \$35 PT / \$15 (IN) - 30% (OUT)
Outpatient - Hospital / Surgical Facil.	* \$1000 / \$950 (IN) - 30% (OUT)
Outpatient - Mental Health	* \$40 - \$100 (IN) - 30% (OUT)
Ambulance / Rides to Medical Appts.	\$315 (IN) - * \$315 (OUT) * / No Rides to Appts.
Emergency / Urgent Care (Worldwide)	\$110 / \$45 (IN) - \$110 / \$45 (OUT)
Durable Med Equip.; Dialysis; and Part B Drugs	* DME 10% (IN) - 30% (Out)* Part B Drugs 20% (IN) - 30% (OUT)* * Dial. 20% IN & 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 - 325 (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)	\$2/\$20/\$47/44%/25% \$590 Deductible Tiers 3-5
Diabetic Monitoring Supplies and Low Cost Insulin	\$0 Preferred (IN) - * 30% (OUT) * Maximum of \$35/mo for Insulin
Dental Coverage	Only Prevent. Coverage at \$0 Included
Routine Hearing Exam / Hearing Aid Allowance	\$0 Exam at TruHearing \$699 or \$999 Copay for Aids
Routine Vision Exam / Glasses Allowance	\$0 Exam (IN) - \$0 (OUT) \$50 - \$100 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>	\$9,350 (IN) \$14,000 Combined IN and OUT

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2025 Medicare Advantage Plans with Drug Coverage - Comparison Chart for MONROE COUNTY - Prepared by Lifespan (585) 287-6413

	CDPHP HEALTH CARE PLANS Phone: 888-519-4455			
	(Rochester Regional Health System is not in the CDPHP Network)			
	Vital RX PPO (IN Network)	Vital RX PPO (OUT of Network)	Complete RX PPO (IN Ntwk)	Complete RX PPO (OUT Ntwk)
Medicare Star Rating (5 Stars Max.)	4.5 Stars		4.5 Stars	
Monthly Premium	\$0 / Mo.		\$70 / Mo.	
Hospitalization - Inpatient	Days 1-5 @ \$500 IN Network) After 5 Days @ \$0	40% Out of Network	Days 1-6 @ \$310 IN Network) After 6 Days @ \$0	30% Out of Network
Hospital - Observation	\$450 per Stay	40%	\$310 per Stay	30%
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ \$0 Days 21-100 @ \$184	40% Days 1-100	Days 1-20 @ \$0 Days 21-100 @ \$145	30% Days 1-100
Primary Care Physician / Specialist	\$0 / \$45	\$50 / 40%	\$0 / \$40	\$40 / 30%
Telehealth Doctor Sessions	\$0 / \$45	\$50 / 40%	\$0 / \$40	\$40 / 30%
Physical Therapy / Chiropractor	\$40 PT / \$15 Chiropractor	40% PT / 40%	\$40 PT / \$15 Chiropractor	\$60 PT / 30% Chiropractor
Outpatient - Hospital / Surgical Facil.	\$360 / \$335	40%	\$325 / \$275	30%
Outpatient - Mental Health	\$40	40%	\$40	\$60
Ambulance / Rides to Medical Appts.	\$265 Ambulance / Med. Necessary Rides w/ Prior Auth.		\$255 Ambulance / Med. Necessary Rides w/ Prior Auth.	
Emergency / Urgent Care (Worldwide)	\$120 / \$55 WW		\$120 / \$55	
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20% 25% DME	40% 50% DME	20% DME 25% (\$300 Max)	30%
Diagnostic: Lab / Other Procedures	\$0 - \$5 / Cost Varies	40%	\$0 - \$5 / Cost Varies	30%
X - Rays (Standard)	\$10	40%	\$5	\$40
Diag. Imaging (MRI, CT, PET, etc.)	\$175	40%	\$135	30%
Radiation Therapy (co-pay may apply)	20%	40%	20%	30%
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for mail order)	\$0/\$0/\$47/40%/29% \$300 Drug Deductible (Tiers 3-5)	Plan may not cover w/o Approval	\$0/\$0/\$44/45%/33% No Drug Deductible	Plan may not cover w/o Approval
Diabetic Monitoring Supplies	\$0 - 20% for Supplies Maximum of \$35 for Insulin	50% for Supplies Maximum of \$35 for Insulin	\$0 - 20% for Supplies Maximum of \$35 for Insulin	30% for Supplies Maximum of \$35 for Insulin
Dental Coverage	\$725 Preventive & Comprehensive Allowance on a Prepaid Card Can be used at any dentist		\$1400 Preventive & Comprehensive Allowance on a Prepaid Card Can be used at any Dentist	
Routine Hearing Exam / Hearing Aid Allowance	\$45 Exam \$599 or \$899 Copay for Aid/ ear/ Yr.	40% Exam No OoN Coverage for Aids	\$40 Exam \$599 or \$899 Copay for Aid/ ear/ Yr.	30% for Exam No OoN Coverage for Aids
Routine Vision Exam / Glasses Allowance	\$20 Exam \$125 Glasses Allowance	40% Exam \$125 Glasses Allowance	\$20 Exam \$225 Glasses Allowance	30% Exam \$225 Glasses Allowance
Health Clubs / Wellness Programs	\$0 Silver Sneakers & Senior Fit \$125 Life Points Rewards 60 Hrs. of Home Support	\$125 Life Points Rewards	\$0 Silver Sneakers & Senior Fit \$125 Life Points Rewards 60 Hrs. of Home Support \$50/qtr. Over the Counter Card	\$125 Life Points Rewards
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>	\$6,750 IN Network \$10,100 Combined IN and OUT of Network		\$6,000 IN Network \$10,100 Combined IN and OUT of Network	

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