

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.)	4	4	4
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	3.5	4
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

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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.)	3
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%) Excludes premiums, drugs and uncovered costs	\$9,250 (IN) \$13,900 Combined IN and OUT

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**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.)	3
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%) Excludes premiums, drugs and uncovered costs	\$9,250
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**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.)	3.5
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)	•\$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

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**2026 Medicare Advantage Plans with Drug Coverage - Comparison Chart provided by Lifespan
MONROE COUNTY**

AETNA 833-859-6031	AETNA (All local hospitals systems are in network)	
	Elite PPO Plan	Enhanced PPO Plan
	(IN) and (OUT) of Network Costs	(IN) and (OUT) of Network Costs
Medicare Star Rating (5 Stars Max.)	4.5 Stars	4.5 Stars
Monthly Premium	\$84 per mo. (With \$1250 Deductible on Many * Medical Services IN and OUT *)	\$131 per mo. (With \$1250 Deductible on some * Out of Network Services *)
Hospitalization - Inpatient	* (IN) Days 1-6 @\$399/da. After 6 days @ \$0 * (OUT) Days 1-5 @\$500/da. After 5 days @ \$0	(IN) Days 1-6 @\$399/da. After 6 days @ \$0 * (OUT) Days 1-5 @\$500/da. After 5 days @ \$0
Hospital - Observation	* \$399(IN) - 40% (OUT) *	\$399 (IN) - 40% (OUT) *
Skilled Nursing Facility for Rehab (May Need Authorization)	(IN) Days 1-20 @ \$0 * (IN) Days 21-100 @\$218 /day * (OUT) @40% / Stay	(IN) Days 1-20 @ \$0 (IN) Days 21-100 @\$218 /day (OUT) @40% / Stay *
Primary Care Physician / Specialist	\$0 / \$45 (IN) - \$50 / \$60 (OUT) *	\$0 / \$45 (IN) - \$50 / \$70 (OUT) *
Telehealth - PC Dr. / Specialist	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) - 40% (OUT) *
Outpatient - Hospital / Surgical Facil.	* \$399 / \$325 (IN) - 40% (OUT) *	\$399 / \$300 (IN) - 40% (OUT) *
Outpatient - Mental Health	\$45 (IN) - 40% (OUT) *	\$45 (IN) - 40% (OUT) *
Ambulance / Rides to Medical Appt.	\$295 Ground or Air (IN & OUT) / No Rides	\$295 Grnd. or Air (IN & OUT*) / No Rides
Emergency / Urgent Care WW	\$115 / \$40 in US; \$115 WW	\$115 / \$40 in US; \$115 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) - 40% (OUT) * Part B Drugs 0-20% (IN) - 40% (OUT)* Dialysis 20% (IN) - 50% (OUT) *
Diagnostic: Lab / Other Procedures	\$10 / \$45 (IN) - 40% / 40% (OUT) *	\$0 to \$10 / \$45 (IN) - 40% / 40% (OUT) *
X - Rays (Standard)	\$45 (IN) - 40% (OUT) *	\$45 (IN) - 40% (OUT) *
Diag. Imaging (MRI, CT, PET, etc.)	\$250 - \$350 (IN) - 40% (OUT) *	\$250 - \$350 (IN) - 40% (OUT) *
Radiation Therapy	* 20% (IN) - 40% (OUT) *	20% (IN) - 40% (OUT) *
Part D Prescription Drug Retail Co-Pays (30 day supply at Pref. Pharmacies)	\$0/\$0/24%/25%/25% At Preferred Pharmacies (\$615 Drug Deductible Tiers 3-5)	\$0/\$0/24%/25%/25% At Preferred Pharmacies (\$590 Drug Deductible Tiers 3-5)
Diabetic Monitoring Supplies	\$0 - Accu Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies. * 20% coinsurance for blood glucose meters and supplies. Maximum of \$35 for Covered Insulin *	0% coinsurance for Accu Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies. 20% coinsurance for blood glucose meters and supplies. 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) - 50% (OUT)
Routine Hearing Exam / Hearing Aid Allowance	Exam \$0 (IN) - \$60 (OUT) * \$0 to \$1700 copay / ear / yr. for Aids	Exam \$0 (IN) - \$70 (OUT) * \$0 to \$1700 copay / ear / yr. for Aids
Routine Vision Exam / Glasses Allowance	Exam: \$0 (IN) - \$60 (OUT) * \$100 Glasses Allowance / yr. We have teamed up with EyeMed to provide this benefit. You can use your benefit amount (allowance) to purchase covered eyewear at an EyeMed provider.	Exam: \$0 (IN) - \$70 (OUT) * \$100 Glasses Allowance / yr. We have teamed up with EyeMed to provide this benefit. You can use your benefit amount (allowance) to purchase covered eyewear at an EyeMed provider.
Health Clubs / Wellness Programs	\$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
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	\$9,350 (IN) \$13,900 (IN & OUT Combined)	\$9,350 (IN) \$13,900 (IN & OUT Combined)
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