



## Health Insurance Information, Counseling and Assistance Program



# SHIP

## State Health Insurance Assistance Program

The following information is provided by the Genesee County Office for the Aging, and taken from the company sites, as well as Medicare.gov. We have attempted to present you with information as accurately as possible, but *are not responsible for typos found*. We highly recommend you contact the plans *directly* with any specific questions you may have, before signing up. We have furnished phone numbers for you, *of our local representatives*, under the plan names.

Due to space constraints, we were unable to place every plan/all information on the following sheets. Refer to plans Explanation of Benefits for additional information.

***Note: If you are on Medicaid, have special needs, or are a Veteran and do NOT need to take a plan with Part D, please contact our office for additional plan choices not listed inside that may better fit your needs.***

***We highly encourage you to confirm that all your medications are on the plan's formulary, AND ensure your physicians and facilities are IN NETWORK, or you could be paying 30%-100% of all costs.***

This program is made possible through funds from the NY State Office for the Aging, NY Connects, the Department of Health and Human Services, and the generous support of the Genesee County Legislature. Contributions are gratefully accepted and used to expand programs and services. **No person will be denied service if they are unable or unwilling to contribute.** All contributions are confidential.

For individuals with disabilities or language interpretation needs, requests for reasonable accommodations should be made with at least five days' notice.

As an alternative to the plans inside (Medicare Advantage w/ Part D), you may instead go with a Supplemental/Medigap plan (higher cost, pays after Medicare) with adding a Part D plan. These plans do cost considerably more, but they also cover more comprehensively. Contact our office directly for this informational sheet.

**The Genesee County Office for the Aging offers free, unbiased counseling on Medicare and your plan choices. We are NOT sales agents or brokers.**

Note – brokers typically do NOT offer every plan available in the County. **If you feel you need assistance, please do not hesitate to call us at (585) 343-1611.**



<b>Aetna 2026</b>	<b>Out - Out of Network; "In- In Network</b>	
<b>716-864-4886 - Lisa</b>	<b>Aetna Medicare Elite (PPO)</b>	<b>Aetna Medicare Enhanced (PPO)</b>
<b>Monthly Member Premium</b>	<b>\$84</b>	<b>\$131</b>
<b>Premium with low income assistance</b>	<b>\$25.20</b>	<b>\$72.20</b>
<b>*NEW* Health deductible (see note)</b>	<b>\$1,250 annual</b>	<b>\$1,250 annual</b>
Primary Care Physician Visit	\$0 In/\$50 Out	\$0 In/\$50 Out
Specialist Visit	\$45 In/\$60 Out	\$45 In/\$70 Out
Inpatient Hospital Copay In-network	\$399/day, days 1-6	\$399/day,days 1-6
Out of Network Hospital	\$500/ day, days 1-5	\$500/ day, days 1-5
Hospital Observation/outpt surgery	\$399 In/40% Out	\$399 In/40% Out
Ambulatory Surgical Center	\$325 In/40% Out	\$300 In/40% Out
Mental Health Therapy Visit	\$45 In/40% Out (Group 30%)	\$45 In/40% Out
Skilled Nursing Facility	\$0 days 1-20; \$218 days 21-100 In 40% per stay Out of network	\$0 days 1-20; \$218 days 21-100 In 40% per stay Out
Home Health Care	\$0 In/40% Out	\$0 In/40% Out
Ambulance	\$295	\$295
Emergency Care Worldwide	\$115	\$115
Urgent Care Worldwide	\$40 USA/\$115 out of USA	\$40 USA/\$115 out of USA
Outpatient Rehabilitation	\$35 In/40% Out	\$35 In/40% Out
Lab	\$10 In/40% Out	\$10 In/40% Out
Diagnostic Tests/Procedures	\$45 In/40% Out	\$45 In/40% Out
Outpatient X-ray	\$45 In/40% Out	\$45 In/40% Out
Diagnostic Radiology	\$250-\$350 In/40% Out	\$250-\$350 In/40% Out
Chiropractic	Not covered	\$15 In/40% Out
Part B medications, Chemo, Dialysis	20% In/40% Out	20% In/40% Out
Wigs for chemo hair loss (up to \$400)	\$0 co-pay in and out	\$0 co-pay in and out
Part D (Drug Plan) Deductible	\$615 Tiers 3-5	\$615 Tiers 3-5
*Cost at preferred pharmacy	\$0/\$0/24%/25%/25%	\$0/\$0/24%/25%/25%
Diabetic Supplies	\$0 for preferred listed/20% others	\$0 for preferred listed/20% others
Durable Medical Equipment	20% In/40% Out	20% In/40% Out
Eyewear/Glasses *EyeMed provider*	\$100 annual benefit	\$100 annual benefit
Hearing Aid (with Nations Hearing)	\$0-\$1700 co-pay	\$0-\$1700 co-pay
Dental Coverage - exam/cleaning/x-ray	\$0 In/50% Out	\$0 In/50% Out
Dental Allowance*Aetna Dental Network	NONE	\$1000 in and out of network
<b>Annual Out-of-Pocket Max</b>	<b>\$9,250 in/\$13,900 in/Out</b>	<b>\$9,250 in/\$13,900 in/Out</b>

\*\$1,250 deductible only applies to the following in-network services: ambulatory surgical centers (ASC), therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, observation services, outpatient hospital services, skilled nursing facility (SNF) and most out-of-network services.

Silver Sneakers gym membership; Traveler program      \* Diabetic supplies - (Roche/Accu-Chek & TRE/Trividia)



Buffalo Medical Group not covered

Roswell not in network with Signature, Merit and Distinct

Highmark BlueCross BlueShield or Highmark Blue Shield 2026

\*Merit has a \$250 Health Deductible

(716) 912-3692 - Jeff	Community Blue HMO Signature	Community Blue HMO Merit	Community Blue HMO Distinct	Senior Blue 651 (HMO)	Forever Blue Value (PPO)
Monthly Member Premium	\$0	\$0	\$59	\$97	\$152
Premium w/ Full Assistance (LIS)	\$0	\$0	\$59.00	\$84.50	\$74.60
Part B Premium Give Back (to Soc Sec check)	\$2	\$81	None	None	None
Primary Care Physician Visit	\$0	\$0	\$0	\$0	\$10 In/35% Out
Specialist Visit	\$55	\$50	\$35	\$25	\$30 In/35% Out
Inpatient Hospital	\$400/Day (Days 1-6)	\$345/Day (Days 1-7)	\$345/Day (Days 1-6)	\$225/Day (Days 1-7)	\$295/Day (Days 1-7)
Outpatient services/surgery	\$450	\$475	\$400	\$325	\$350 In/35% Out
Mental Health Therapy Visit	\$40	\$40	\$40	\$40	\$40 In/50% Out
Skilled Nursing Facility	\$0 days 1-20 \$218/ days 21-100	\$0 days 1-20 \$218/ days 21-100	\$0 days 1-20 \$218/ days 21-100	\$0 days 1-20 \$218/ days 21-100	\$0 days 1-20 \$218/ days 21-100/35% Out
Home Health Care	\$0	\$0	\$0	\$0	\$0 In/35% Out
Ambulance	\$390	\$450	\$395	\$200	\$320
Worldwide Emergency Care	\$130	\$115	\$130	\$130	\$130
Worldwide Urgent Needed Care	\$40	\$40	\$40	\$50	\$50
Durable Medical Equipment (DME)*	20%-50% (see note below)	20%	20%-50% (see note below)	20%	20% In/50% Out
Diabetes Monitoring Supplies (see note below)	\$0	\$0	\$0	\$0	\$0 In/50% Out
Physical, Speech, Occup. Therapy	\$35	\$35	\$25	\$15	\$20 In/35% Out
Chiropractic	\$15	\$15	\$15	\$15	\$15
Lab	\$0 @Lab/\$10 in office	\$10 @ Lab/\$20 in office	\$0 @Lab/\$10 in office	\$5	\$5 In/35% Out
X-rays	\$45	\$50	\$45	\$40	\$45 In/35% Out
MRI, CT & Pet scans	\$300	\$300	\$225	\$150	\$150 In/35% Out
Part D Drug Plan	\$615 Deductible Tiers 3-5	\$615 Deductible Tiers 3-5	\$615 Deductible Tiers 3-5	\$615 Deductible Tiers 3-5	\$615 Deductible Tiers 3-5
*costs at preferred pharmacies*	\$0/\$3/20%/25%/25%	\$0/\$3/20%/25%/25%	\$0/\$3/20%/25%/25%	\$0/\$3/20%/20%/25%	\$0/\$3/20%/25%/25%
Part B drugs/radiation/dialysis	20%	20%	20%	20%	20% In/up to 50% Out
Over the Counter Products	\$75 per quarter allowance	Not covered	\$50 per quarter allowance	\$40 per quarter	\$40 per quarter
Hearing Aid *TruHearing Provider	\$699-\$999 per ear	\$699-\$999 per ear	\$699-\$999 per ear	\$499-\$799 per ear	\$499-\$799 per ear
Eyewear *Davis Vision Provider	\$100 allowance	\$100 allowance	\$200 allowance	\$200 allowance	\$200 allowance
Dental Coverage	\$0 clean/exam 2x/1x xray	\$0 clean/exam 2x/1x xray	\$0 clean/exam 2x/1x xray	\$0 clean/exam 2x/1x xray	\$0 clean/exam 2x/1x xray
Additional Dental (you pay 50%)	\$1000 allowance	\$1500 allowance	\$2000 allowance	\$2000 allowance	\$2000 allowance
Out of Pocket Maximum	\$6,750	\$8,300	\$6,750	\$6,700	\$6700 In/\$10,000 In/Out

\*DME - 50% for oxygen, ventilators, wheelchairs & accessories, 0% compression stockings, 20% for all other covered items.

Diabetic Supplies: Abbott and Trividia. Abbott and Dexcom covered sensors and transmitters.

SilverSneakers gym membership included - all

Unable to fit on sheet - Forever Blue 751 PPO \$210/month. See company for details







Independent Health 2026		Medicare Passport		
716-635-4999 or 1-800-958-4405	Encompass 65 RED 042 (HMO)	Connect (PPO)	Encompass 65 RED 044 (HMO)	Encompass 65 043 (HMO)
<b>Monthly Member Premium</b>	<b>\$40</b>	<b>\$58.80</b>	<b>\$95</b>	<b>\$190</b>
<b>Premium w/ LIS Assistance</b>	<b>\$0</b>	<b>\$0</b>	<b>\$36.20</b>	<b>\$131</b>
<b>NEW - Health Deductible*</b>	<b>\$300</b>	<b>\$175</b>	<b>\$150</b>	<b>\$150</b>
Primary Care Visit	\$0 Tier A/\$20 Tier B	\$0 Tier A/\$20 Tier B/50% Out	\$0 Tier A/\$20 Tier B	\$0 Tier A/\$20 Tier B
Specialist Visit	\$55 Tier A&B	\$55 In/50% Out	\$35 Tier A/\$50 Tier B	\$25 Tier A/\$50 Tier B
Inpatient Hospital Copay Tier A	\$500/Day (Days 1-3)	\$375/Day (Days 1-6)/50% Out	\$350/Day (Days 1-6)	\$300/Day (Days 1-6)
Inpatient Hospital Copay Tier B	\$743/Day (Days 1-3)	\$550/Day (Days 1-4)/50% Out	\$600/Day (Days 1-4)	\$485/Day (Days 1-5)
Outpatient Surgery	\$350/\$500 Tier A/\$743 Tier B	\$375/\$425 Tier A/\$550 Tier B/50% Out	\$375/\$400 Tier A/\$600 Tier B	\$325/\$375 Tier A/\$550 Tier B
Mental Health Therapies	\$35	\$35 In/50% Out	\$25	\$20
Skilled Nursing Facility 40%-50% Out of Network w/ PPO	\$0 days 1-20 \$218/Day (Days 21-100)	\$0 days 1-20 \$218/Day (Days 21-100)	\$0 days 1-20 \$218/Day (Days 21-100)	\$0 days 1-20 \$218/Day (Days 21-100)
Home Health Care	\$0	\$0/50% Out	\$0	\$0
Ambulance	\$300/20% Air	\$265 Ground/20% Air	\$250 Ground/20% Air	\$240 Ground/20% Air
Worldwide* Emergency Care	\$115	\$115	\$115	\$115
Worldwide* Urgent Care	\$40	\$40	\$40	\$40
Physical, Speech, Occupational Therapy	\$20	\$30 In/50% Out	\$15	\$10
Chiropractic	\$15	\$15 In/50% Out	\$15	\$15
Lab - routine	\$0	0% In/50% Out	\$0	\$0
Diagnostic tests/procedures	\$0 Tier A/\$20 Tier B/\$55	\$0 Tier A/\$20 Tier B/\$55/50%	\$0-\$20 primary/\$35-\$50 Specialist	\$0-\$25 Tier A/\$20-\$50 Tier B
X-ray	\$55	\$45 In/50% Out	\$35	\$30
Advanced Radiology	\$290 Tier A/\$600 Tier B	\$225 Tier A/\$550 Tier B/50% Out	\$200 Tier A/\$600 Tier B	\$150 Tier A/\$550 Tier B
Part B injectable/Radiation/Dialysis	20%	20% In/up to 50% Out	0%-20%	0%-20%
DME, Prosthetic - People First Mobility Pref.	10%-20%	10%-20% In/50% Out	10%-20%	10%-20%
Diabetic Monitoring Supplies Abbott/Precision	\$0-20%	\$0 In/50% Out	\$0-20%	\$0-20%
Part D Drug Plan	\$250 deductible Tiers 3-5 \$0/\$7/16%/37%/30%	\$615 deductible ALL TIERS 25%/25%/25%/25%/25%	\$150 Tiers 3-5 \$0/\$7/16%/39%/31%	\$50 Tiers 3-5 \$0/\$10/19%/42%/32%
Hearing Aid *Start Hearing*	\$499-\$1,949 per ear	\$499-\$1,949 per ear	\$499-\$1,949 per ear	\$499-\$1,949 per ear
Vision Services *EyeMed*	\$200 eyewear limit	\$200 towards eyewear	\$200 towards eyewear	\$200 towards eyewear
Dental *Liberty Dental*	\$0 (2) cleaning/exam/xrays	\$0 (2) cleaning/exam/xrays	\$0 (2) cleaning/exam/xrays	\$0 (2) cleaning/exam/xrays
Additional Dental (you pay 50%)	\$1,500 maximum	\$1,500 maximum	\$1,500 maximum	\$1,500 maximum
<b>Annual Out-of-Pocket Max.</b>	<b>\$9,250</b>	<b>\$9,250 in/\$13,900 combined</b>	<b>\$7,500</b>	<b>\$7,000</b>

Per website 10/03/25: "Currently for 2026, there are no providers included in Tier B. To see if a provider is in Tier A, B or not included in the network, view our Provider Directory."

\*Health Deductible - applies to: inpatient hospital and rehab, out of network, inpt. Psych and substance, skilled nursing, observation, outpt surgery, Part B drugs, advanced radiology, therapeutic radiology, ambulance, and genetic testing

People First Mobility - 716-566-5000

Accupuncture - \$55

SilverSneakers Fitness Benefit



<b>MVP Health Care 2026</b>	<b>(Buffalo Medical Group does NOT participate)</b>	
<b>585-258-8655 - Paul</b>	<b>WellSelect w/ Part D (PPO)</b>	<b>Preferred Gold w/ Part D (HMO-POS)</b>
<b>Monthly Member Premium</b>	<b>\$160</b>	<b>\$229</b>
<b>Premium w/ Full Assistance (LIS)</b>	<b>\$101.20</b>	<b>\$170.20</b>
Primary Care Physician Visit	\$0 In/30% Out	\$0
Specialist Visit	\$55 In/40% Out	\$40
Inpatient Hospital Copay	\$445/Day (Days 1-5) In/40% Out	\$375 per day (Days 1-5)
Same day surgery/go home	20% In/40% Out	\$250 surgical ctr/\$350 Hospital
Hospital Observation	20% In/40% Out	\$350
Mental Health Therapy Visit	\$10	\$10
Skilled Nursing Facility	\$0/day, 1-20 \$218/day, 21-100	\$0/day, 1-20 \$218/day, 21-100
Home Health Care	\$0	\$0
Ambulance	\$320	\$200
Worldwide Emergency Care	\$115	\$115
Urgent Care	\$40	\$35
Outpatient Rehabilitation/Therapy	\$35 In/40% Out	\$20
Chiropractor	\$15 In/40% Out	\$15
Transportation (see note on miles)	Not covered	(24) one-way rides to medical apts.
Labs	\$0 In/40% Out	\$0
Diagnostic Tests/Procedures	20% In/40% Out	\$15
Outpatient X-ray	\$55 In/40% Out	\$40
MRI, CT, Pet Scans	\$400 In/40% Out	\$200
Part B medications, Chemo, Dialysis	20%	20%
Part D Drug Plan	\$615 <b>Tiers 2-5</b> \$0/\$2/16%/25%/25%	\$300 Deductible <b>Tiers 2-5</b> \$0/\$2/\$16/25%/25%
OTC (Over the Counter) Benefit	\$25 per quarter	\$50 per quarter
Diabetic Supplies*	\$0 In/20% Out	\$0
Durable Medical Equipment	20%	20%
Eyewear/Glasses	\$150	\$175 allowance
Hearing Aids - <i>through TruHearing</i>	\$699-\$999	\$699-\$999
Dental Services (20% out of network)	\$0 co-pay preventive in network	\$0 co-pay preventive in network
Additional Dental coverage	\$750 preventive/comprehensive	\$1500 preventive/comprehensive
<b>Annual Out-of-Pocket Max</b>	<b>\$9,250 In/\$13,900 combined</b>	<b>\$6,800</b>

**\*Diabetic Supplies - Freestyle, Prodigy and Accu-Check.**

Silver Sneakers - \$0 fitness center membership available on all plans

Acupuncture covered @ 50% in network, 12 visits a year max for chronic low back pain

**Roswell, ECMC not in network**

<b>United Healthcare 2026</b>	<b>AARP Medicare Advantage</b>
<b>716-860-8824 - Mary</b>	<b>from UHC NY - 0007 (HMO-POS)</b>
<b>Monthly Member Premium</b>	<b>\$0</b>
<b>Premium w/ Full Assistance (LIS)</b>	<b>\$0</b>
Primary Care Visit	\$0
Specialist Visit	\$35
Inpatient Hospital Copay In/Out	\$455/Day (Days 1-5)
Outpatient Hospital - Surg./Observ.	\$455/day
Ambulatory Surgical Center	\$355
Mental Health Therapy	\$15 Group/\$25 Individual
Skilled Nursing Facility	\$0/day-days 1-20; *Higher out of network w/PPO \$218/day: days 21-61
Home Health Care	\$0
Ambulance	\$275 Ground or Air
Worldwide Emergency Care	\$115 (\$0 outside the US)
Worldwide Urgent Care	\$40 (\$0 outside US)
Durable Medical Equipment	20%
Diabetic Supplies (Countour and Accu-Chek)	\$0
Therapy - Phys., speech, occupat.	\$30
Laboratory Testing	\$0
Diagnostic Test (EKG/EC, etc)	\$50
X-ray	\$30
Diagnostic Radiology (MRI, CT, etc)	\$250
Part B Drugs/Chemo Drugs/Dialysis	20%
Part D Drug Plan	\$440 Deductible (Tiers 3-5)
Prices are network pharmacy	\$0/\$8/18%/41%/28%
Over the Counter (OTC) Benefit	\$40 per quarter
Hearing Aid (through UHC Hearing)	\$199-\$1,249
Vision Benefit	\$300 allowance
Dental *in network*	\$0 Cleaning/exam/x-ray
Additional dental benefit:	\$1,500 combined limit covered
<b>Annual Out-of-Pocket Max.</b>	<b>\$8,300</b>
Fitness Program at no cost- Renew Active	



Univera (Excellus) 2026	Rochester/Buffalo in network		(POS) allows for a Max. reimbursement out of network (see company for details)		
Mike - (716)860-9015	SrChoice BASIC - HMO	SrChoice Extra - HMO	AdvancedHMO-POS	Value Plus HMO-POS	Secure (HMO-POS)
Monthly Member Premium	\$0	\$0	\$50.80	\$69.80	\$83.20
Premium with Full Assistance (LIS)	\$0	Cannot take if LIS	\$45.60	\$44.50	\$64.30
Part B Give Back	Not applicable	\$44.10 per month	Not applicable	Not applicable	Not applicable
Primary Care	\$5	\$5	\$5 In/30% Out	\$0 In/30% Out	\$0 In/30% Out
Specialist Visit	\$30	\$45	\$30 In/30% Out	\$35 In/30% Out	\$25 In/30% Out
Inpatient Hospital Copay (In network)	\$390/day (Days 1-5)	\$400/day (Days 1-5)	\$360/day (Days 1-5)	\$310 per day (Days 1-5)	\$225 per day (Days 1-5)
Outpatient Group/Indiv. MH Therapy	20%	20%	20% In/30% Out	20% In/30% Out	20% In/30% Out
Outpatient Svc/Surgery/Observation	\$375	\$400	\$330 In/30% Out	\$260 In/30% Out	\$200 In/30% Out
Skilled Nursing Facility	\$0/day, days 1-20 Days 21-100 \$218/day	\$0/day, days 1-20 Days 21-100 \$218/day	\$0/day, days 1-20 Days 21-100 \$218/day	\$0/day, days 1-20 Days 21-100 \$218/day	\$0/day, days 1-20 Days 21-100 \$218/day
Home Health Care	\$0	\$0	\$0	\$0	\$0
Ground Ambulance	\$250	\$300	\$275	\$200	\$100
Worldwide Emergency Care	\$115	\$115	\$115	\$115	\$115
Worldwide Urgent Care	\$40	\$40	\$40	\$50	\$50
Chiropractic	\$15	\$15	\$15	\$15	\$15
Diabetic Supplies *Abbott preferred manufacturer	\$5	\$5	\$5	\$5	\$5
Durable Medical, Prosthetic	20%	20%	20%	20%	20%
Outpatient Rehab. (OT, PT, S&LT)	\$35	\$35	\$30	\$35	\$25
Lab	\$0	\$15	\$0 In/30% Out	\$0 In/30% Out	\$0 In/30% Out
Diagnostic Tests/Procedures	\$0	\$15	\$0 In/30% Out	\$0 In/30% Out	\$0 In/30% Out
X-ray	\$55	\$60	\$55 In/30% Out	\$50 In/30% Out	\$40 In/30% Out
MRI, CT Scan, PET Scan	\$200	\$325	\$225 In/30% Out	\$175 In/30% Out	\$150 In/30% Out
Chemo, Part B injectable, Dialysis	20%	20%	20%	20%	20%
Part D Drug Plan (Tiers 3-5)	\$615 deductible	\$615 deductible	\$300 deductible	\$295 Deductible	\$250 Deductible
*prices are at preferred pharmacies*	\$5/\$15/21%/25%/25%	\$6/\$15/20%/30%/25%	\$0/\$5/20%/33%/29%	\$0/\$5/20%/33%/29%	\$0/\$5/20%/33%/30%
Over the Counter (OTC) Benefit	\$30 each quarter	\$30 each quarter	\$30 each quarter	\$30 each quarter	\$30 each quarter
Hearing Aids/Exams - w/ TruHearing Provider	\$499-\$799	\$499-\$799	\$499-\$799	\$499-\$799	\$499-\$799
Eyewear/Glasses	\$150 allowance	\$150 allowance	\$150 allowance	\$200 allowance	\$200 allowance
Dental Services (2) clean/x-ray/exam	\$0	\$0	\$0	\$0	\$0
Additional Dental Benefits -	\$1,000 per calendar year towards restorative, endontics, peridontics, oral surgery,crown, dentures, partials and bridges*				
Annual Out-of-Pocket Max.	\$8,500	\$8,500	\$7,500	\$6,700	\$6,000

Senior Choice Core - \$217.30/\$199.20 with LIS - Could not fit on sheet. Call plan for details.

Silver & Fit Fitness Benefit on all plans - \$0 gym membership at participating fitness clubs

\*Limited to specific dental codes (exclusions apply). See Evidence of Coverage for more details.

Out of network POS coverage \$1500-\$3000 depending upon plan



Wellcare 2026	Roswell not in network with first (3) plans, Strong not in network		*Cannot take if have MSP	Roswell in network with below plan
John Haas 585-764-8812	Wellcare Simple (HMO-POS)	Wellcare Simple Open (PPO)	*Wellcare Giveback Open (PPO)	Wellcare Fidelis Simple (HMO-POS)
Monthly Member Premium	\$0 mo/\$150 deductible Part B svcs	\$0 mo/\$250 deductible Part B svcs	\$0 mo/\$250 deductible Part B svcs	\$0 mo/\$150 deductible Part B svcs
Premium with Extra Help (LIS)	\$0	\$0	\$0	\$0
Part B Premium Reduction	None	None	\$40	\$0
Primary Care Physician Visit	\$0	\$0 In/\$25 Out	\$0 In/\$25 Out	\$0
Specialist Visit	\$25	\$30 In/\$60 Out	\$35 In/\$60 Out	\$25
Inpatient Hospital in Network	\$600/Day (Days 1-4)	\$600/Day (Days 1-4)	\$2,015 per stay	\$600/Day (Days 1-4) Tier 1
Out of Network Hospital	All Costs	30% Days 1-90	40% Days 1-90	All costs
Outpatient Surgical Services	\$475	30% In/40% Out	30% In/40% Out	\$0-30%
Mental Health Therapy Visit	\$35	\$35 In/40% Out	\$35 In/40% Out	\$35
Skilled Nursing Facility in Network	\$0/day, days 1-20	\$0/day, days 1-20	\$0/day, days 1-20	\$0/day, days 1-20
*Note - <u>out of network higher*</u>	\$218/day, days 21-100	\$218/day, days 21-100	\$218/day, days 21-100	\$218/day, days 21-100
Home Health Care	\$0	\$0 In/40% Out	\$0 In/40% Out	\$0
Ambulance Services	\$340 Ground/Air	\$350 Ground/Air	\$350 Ground/Air	\$350 Ground
Emergency Care worldwide*	\$115	\$115	\$115	\$115
Urgent Needed Care worldwide	\$40/\$110 outside USA	\$35/\$115 outside USA	\$40/\$115 outside USA	\$40
Outpatient Rehab.	\$35	\$35 In/40% Out	\$35 In/40% Out	\$35
Lab	\$0	\$0 In/40% Out	\$0 In/40% Out	\$0-\$50
X-ray (regular)	\$50	\$50 In/40% Out	\$50 In/40% Out	\$50
Diagnostic - MRI, CT, Pet,	30%	\$500 In/40% Out	\$500 In/40% Out	Up to 30%
Diabetic Monitoring Supplies*	\$0	\$0 In/40% Out	\$0 In/ 40% out	\$0
Durable Medical Equipment	20%	20% In/40% Out	20% In/40% Out	20%
Part B Medications/Chemo/Dialysis	20%	20% In/up to 40% Out	20% In/up to 40% Out	20%
Part D Drug Plan	\$615 Tiers 3-5	\$615 Deductible (Tiers 3-5)	\$615 Deductible (Tiers 3-5)	\$615 Deductible
Preferred pharmacy costs	\$0/\$0/25%/33%/25%/\$0	\$0/\$0/25%/38%/25%	\$0/\$0/25%/34%/25%/\$0	\$0/\$0/25%/39%/25%/\$0
Vision Services	\$200 allowance per year	\$100 allowance per year	None	None
Hearing Aids	\$750 allowance per ear	\$750 allowance per ear/40% Out	Not covered	Not covered
Dental *	Cleanings/xray/exam only	\$0 In/50% Out Basic	\$0 In/50% Out Basic	clean/x-ray/exam \$0 In/25% Out
Annual Out-of-Pocket Maximum	\$9,250	\$9,200 In/\$13,900 Both	\$9,200 In/\$13,900 Both	\$9,250

\*Dental= (2) cleanings, xray, (2) exams a year - \$0 IN network/25% Out of network.

Fitness Memberships with all plans.

Diabetic Monitoring Supplies\*- Accu-Chek, True Metrix, Relion, Dexcom, Freestyle

\*\$50,000 Maximum plan coverage for worldwide coverage.

Additional plans offered, could not fit on chart - see company for details