

2015 Medicare Advantage Plans - PPO Comparison Chart (Prepared by Lifespan (585) 244-8400 x113)

BENEFIT	<-- MVP PPO Plans Phone: 800-665-7924 -->		Aetna PPO Plans Phone: 888-247-1029		United Healthcare PPO Plan Phone: 877-517-5276	
	Gold PPO With Part D	Basicare PPO With Part D	Premier PPO Plan With Part D	Select Plus PPO Plan With Part D	Medicare Complete Choice PPO	
					(In Network)	(Out of Network)
Medicare Star Rating (5 Stars Max.)	4.5	4.5	4	4	3.5	
Monthly Premium <i>With Rx (Part D)</i>	\$122.60	\$49.70	\$0.00	\$139.00	\$0.00	
Hospitalization - Inpatient	Stays 1-3@ \$750 Annual Max \$2250 (IN) 40% (OUT of Network)	Days 1-5 @ \$295 >5 days @ \$0 (IN) 40% (Out of Network)	(IN) \$550 / Stay Mental Health \$1528 / Stay (OUT) 40%	(IN) Days 1-3 \$100 /day Mental Hlth \$200/days 1-5 (OUT) 20%	Days 1-5 @ \$345 / Day > 5 days @ \$0	Days 1-23 @ \$450 /Day > 23 days @ \$0
Hospital - Observation	\$500 (IN) - 40% (OUT)	\$600 (IN) - 40% (OUT)	\$230 (IN) - 40% (OUT)	\$100 (IN) - 20% (OUT)	20%	40%
Skilled Nursing Facility for Rehab	(IN) Days 1-20 @ \$0; Days 21-100 @ \$150/day (OUT) 40%	(IN) Days 1-20 @ \$0; Days 21-100 \$150/day (OUT) 40%	(IN) Days 1-20 @ \$0; Days 21-100 \$156/day (OUT) 40%	(IN) Days 1-20 @ \$40/day Days 21-53 \$75; 54-100 \$0 (OUT) 20%	Days 1-20 @ \$0/day Days 21 - 42 @ \$155/Day Days 43 - 100 @ \$0/Day	Days 1- 40 @ \$250/day Days 41 - 100 @ \$0/Day
Primary Care Dr.// Specialist (IN/OUT)	\$25 / \$60 // \$50 / \$60	\$35 / \$60 // \$50 / \$60	\$10 / 40% // \$35 / 40%	\$0 / 20% // \$15 / 20%	\$10 // \$40	\$45 // \$65
Chiropractic (Manual Spine Manipul.)	\$20 (IN) - \$20 (OUT)	\$20 (IN) -\$20 (OUT)	\$20 (IN) - 40% (OUT)	\$15 (IN) - 20% (OUT)	\$20	\$65
Outpatient - Hospital / Surgical Facil.	\$500/\$250 (IN) - 40% (OUT)	\$600/\$300 IN - 40% OUT	\$230 (IN) - 40% (OUT)	100 (IN) - 20% (OUT)	20%	40%
Outpatient - Mental Health	(3rd Prty Auth.) \$40 (In) \$60 (Out)	(3rd Prty Auth.) \$40 (In) \$60 (Out)	\$35 (IN) - 40% (OUT)	\$40 (IN) - 20% (OUT)	\$30 Group - \$40 Individ.	\$35 Group - \$45 Individ.
Ambulance (May need Authorization)	\$125	\$200	\$300 (IN & OUT)	\$100 (IN & OUT)	\$250	\$250
Emergency-Worldwide / Urgent-in US	\$65 / \$50	\$65 / \$50	\$65 / \$55	\$65 / \$40	\$65 / \$30-\$40	\$65 / \$30-\$40
Durable Medical Equipment	20% (IN) - 40% (OUT)	20% (IN) - 40% (OUT)	20% (IN) - 40% (OUT)	20% (IN & OUT)	20%	30% - 50%
Lab Services (Preventive / Maint.)	\$0 / \$10 (IN) - 40% (OUT)	\$0 / \$20 (IN) - 40% (OUT)	\$0-\$35 (IN) - 40% (OUT)	\$0-\$15 (IN) - 20% (OUT)	\$13 or 20%	\$13 or 40%
X - Rays (Standard)	\$50 (IN) - \$60 (OUT)	\$50 (IN) - \$60 (OUT)	\$35 (IN) - 40% (OUT)	\$15 (IN) - 20% (OUT)	\$16	\$21
Advan. Radiology (MRI, CT, PET, etc.)	\$60 (IN) - 40% (OUT)	\$100 (IN) - 40% (OUT)	\$100 (IN) - 40% (OUT)	\$100 (IN) - 20% (OUT)	20%	40%
Radiation Therapy (co-pay may apply)	\$0 (IN) - 40% (OUT)	\$0 (IN) - 40% (OUT)	\$60 (IN) - 40% (OUT)	20% (IN & OUT)	20%	40%
Renal Dialysis -Office co-pay may apply	\$0	\$0	20% (IN & OUT)	20% (IN & OUT)	20%	20%
Part B Drugs & Chemotherapy	20% (IN) - 40% (OUT)	20% (IN)-40% (OUT)	20% (IN) - 40% (OUT)	20% (IN & OUT)	20%	40%
Part D Prescription Drug Co-Pays (For 30 day supply)	\$0/ \$10/\$35/\$90/33%/ \$0	25% Co-pay (No Tiers) (\$320 Deductible)	\$5/\$10/\$45/50%/33%	\$0/\$3/\$45/50%/33%	\$2/\$8/\$45/\$95/33% (\$225 Deduct. Tiers 3 & 4)	\$2/\$8/\$45/\$95/33% (\$225 Deduct. Tiers 3 & 4)
Diabetic Monitoring Supplies	10% - 20% (IN) - 40% (OUT)	10% - 20% (IN) - 40% (OUT)	\$0 - Lifescan Supplier 20% Other Suppliers	\$0 - Lifescan Supplier 20% Other Suppliers	\$0	40%
Routine Preventive Dental (2 Oral Exams/Cleanings/X-rays)	No Coverage	No Coverage	No Coverage	\$0 (IN & OUT) \$150 Max Benefit	\$37 / mo. for Dental Rider \$1000 Max Benefit	\$37 / mo. For Dental Rider \$1000 Max Benefit
Hearing Exam (IN/OUT) - Hearing Aid	\$50 / \$60 No Hearing Aide	\$50 / \$60 No Hearing Aide	\$0 / 40% Routine Exam - \$1000 Allow. / 3 Yrs	\$0 / 20% Routine Exam - No Hearing Aide Allow.	\$40 or \$10 \$380 co-pay for Aide	\$40 \$380 co-pay for Aide
Vision Exam (IN/OUT) - Glasses	\$50 / \$60 - No Glasses	\$50 / \$60 - No Glasses	\$0/40%-\$300 Glasses/2yr.	\$0/20% - \$150 Glasses/yr.	\$40 - No Glasses	\$65 - No Glasses
Accupuncture	50% / 10 Visit Limit	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Wellness Programs / Health Clubs	Silver Sneakers \$100 Healthy Dollar Allow.	Silver Sneakers \$100 Healthy Dollar Allow.	\$0 for Participating Facilities	\$0 for Participating Facilities	\$15 / mo. for Fitness Rider	\$15 / mo. for Fitness Rider
Travel Benefits - Out of Network	\$60 Office/ 40% Other	\$60 Office/ 40% Other	Out of Network Rates (With \$1000 Deductible)	Out of Network Rates (With \$500 Deductible)	Passport Program or Out of Network Rates	
Maximum Out of Pocket Expense (After which Plan pays 100%)	\$4000 (IN) \$10,000 (IN and OUT)	\$4000 (IN) \$10,000 (IN and OUT)	\$4900 (IN) \$10,000 (IN & OUT)	\$3300 (IN) \$5000 (IN & OUT)	\$6,700 (IN Network)	\$10,000 (IN & OUT of Network)

Note: The information provided is current as of Nov 5. Please refer to literature provided by each plan for the most detailed, accurate and up-to-date information!