2024 Medicare Advantage Plans with Drug Coverage - Comparison Chart for LIVINGSTON COUNTY - Prepared by Lifespan (585) 498-4034

	AETNA PLANS Phone: 833-859-6031 (All Rochester Hospitals are In the Aetna Network)			
	Credit PPO Plan	Value PPO Plan	Discover Value PPO Plan	Premier PPO Plan
	(IN) and (OUT) of Ntwrk. Costs	(IN) and (OUT) of Ntwrk. Costs	(IN) and (OUT) of Ntwrk. Costs	(IN) and (OUT) of Ntwrk. Costs
Medicare Star Rating (5 Stars Max.)	4 Stars	4 Stars	4 Stars	4 Stars
Monthly Premium	$0 / mo. ($45/mo. Part B Prem. Reduc)	$0 / mo.	$19 / mo.	$44 / mo.
Hospitalization - Inpatient	(IN) Days 1-5 @$395/da. >5 days @ $0 (OUT) Days 1-20 @$500/da. >20 da. @ $0	(IN) Days 1-6 @$335/da. >6 days @ $0 (OUT) Days 1-5 @$500/da. >5 da. @ $0	(IN) Days 1-6 @$335/da. >6 days @ $0 (OUT) Days 1-5 @$500/da. >5 da. @ $0	(IN) Days 1-5 @$390/da. >5 days @ $0 (OUT) Days 1-5 @$500/da. >5 da. @ $0
Hospital - Observation	$395(IN) - 30% (OUT)	$335 (IN) - 30% (OUT)	$335 (IN) - 30% (OUT)	$390 (IN) - 20% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	(IN) Days 1-20 @ $0 (IN) Days 21-100 @$203 /day (OUT) @30%/Stay	(IN) Days 1-20 @ $0 (IN) Days 21-100 @$203 /day (OUT) @30%/Stay	(IN) Days 1-20 @ $0 (IN) Days 21-100 @$203 /day (OUT) @30%/Stay	(IN) Days 1-20 @ $0 (IN) Days 21-100 @$203 /day (OUT) @20%/Stay
Primary Care Physician / Specialist	$10 / $45 (IN) - $50 / $60 (OUT)	$5 / $40 (IN) - $50 / $60 (OUT)	$0 / $40 (IN) - $50 / $60 (OUT)	$0 / $35 (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	Copay Same as PCP & Spec. IN & OUT
Chiropractic (Spinal Manipulation)	$15 (IN) - 30% (OUT)	$15 (IN) - 30% (OUT)	$15 (IN) - 30% (OUT)	$15 (IN) - 20% (OUT)
Outpatient - Hospital / Surgical Facil.	$395 / $275 (IN) - 30% (OUT)	$350 / $250 (IN) - 30% (OUT)	$395 / $300 (IN) - 30% (OUT)	$390 / $300 (IN) - 20% (OUT)
Outpatient - Mental Health	$40 (IN) - 30% (OUT)	$40 (IN) - 30% (OUT)	$40 (IN) - 30% (OUT)	$40 (IN) - 20% (OUT)
Ambulance / Rides to Medical Appt.	$300 Grnd. or Air (IN &OUT) / No Rides	$300 Grnd. 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 (Worldwide)*	$100 / $50 in US; $100 WW	$100 / $50 in US; $100 WW	$100 / $50 in US; $100 WW	$100 / $50 in US; $100 WW
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20% (IN) - 30% (OUT) Dialysis 20% (IN) - 50% (OUT)	20% (IN) - 30% (OUT) Dialysis 20% (IN) - 50% (OUT)	20% (IN) - 30% (OUT) Dialysis 20% (IN) - 50% (OUT)	20% (IN) - 20% (OUT) Dialysis 20% (IN) - 50% (OUT)
Diagnostic: Lab / Other Procedures	$0 - $5 / $45 (IN) - 30% / 30% (OUT)	$0 / $40 (IN) - 30% / 30% (OUT)	$0 / $40 (IN) - 30% / 30% (OUT)	$0 / $35 (IN) - 20% / 20% (OUT)
X - Rays (Standard)	$45 (IN) - 30% (OUT)	$40 (IN) - 30% (OUT)	$40 (IN) - 30% (OUT)	$35 (IN) - 20% (OUT)
Diag. Imaging (MRI, CT, PET, etc.)	$300 - $350 (IN) - 30% (OUT)	$200 - $275(IN) - 30% (OUT)	$200 - $300 (IN) - 30% (OUT)	$200 - $300 (IN) - 20% (OUT)
Radiation Therapy (co-pay may apply)	20% (IN) - 30% (OUT)	20% (IN) - 30% (OUT)	20% (IN) - 30% (OUT)	20% (IN) - 20% (OUT)
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	$0/$10/20%/50%/29% At Preferred Pharmacies ($250 Drug Deductible Tiers 3-5)	$0/$5/$47/$100/28% At Preferred Pharmacies ($300 Drug Deductible Tiers 3-5)	$0/$0/20%/40%/29% At Preferred Pharmacies ($250 Drug Deductible Tiers 3-5)	$0/$0/$47/$100/30% At Preferred Pharmacies ($150 Drug Deductible Tiers 3-5)
Diabetic Monitoring Supplies ($0 Continuous Glucose Meter in All Aetna Plans)	$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Under $35 for Covered Insulin	$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Under $35 for Covered Insulin	$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Under $35 for Covered Insulin	$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Under $35 for Covered Insulin
Dental Coverage	$0 for 2 Preven. Visits (IN) - 30% (OUT) Optional Dental Rider for $21/mo. $1000/yr. Max. Benefit	$1250 Preventive and Comprehensive Allowance / yr. Any Dentist	$0 for 2 Preven. Visits (IN) - 30% (OUT) Optional Dental Rider for $30/mo. $2000/yr. Max. Benefit	$0 for 2 Preven. Visits (IN) - 30% (OUT) Optional Dental Rider for $30/mo. $2000/yr. Max. Benefit
Routine Hearing Exam / Hearing Aid Allowance	Exam $0 (IN) - $60 (OUT) $750 / ear Aid Allowance/ yr.	Exam $0 (IN) - $60 (OUT) $1250 / ear Aid Allowance/ yr.	Exam $0 (IN) - $60 (OUT) $1250 / ear Aid Allowance/ yr.	Exam $0 (IN) - $60 (OUT) $1250 / ear Aid Allowance/ yr.
Routine Vision Exam / Glasses Allowance	Exam: $0 (IN) - $60 (OUT) $225 Glasses Allowance / yr.	Exam: $0 (IN) - $60 (OUT) $225 Glasses Allowance / yr.	Exam: $0 (IN) - $60 (OUT) $150 Glasses Allowance / yr.	Exam: $0 (IN) - $60 (OUT) $150 Glasses Allowance / yr.
Health Clubs / Wellness Programs	$0 Silver Sneakers @ Participating Health Clubs $800 Fitness Reimbursement	$0 Silver Sneakers @ Participating Health Clubs $360 Fitness Reimbursement	$0 Silver Sneakers @ Participating Health Clubs	$0 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	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	$8,500 (IN) $12,500 (IN & OUT Combined)	$8,500 (IN) $12,500 (IN & OUT Combined)	$8,500 (IN) $12,500 (IN & OUT Combined)	$8,500 (IN) $12,500 (IN & OUT Combined)

Note: The information provided is current as of Oct 15, 2023. 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 585-498-4034 for assistance.

2024 Medicare Advantage Plans with Drug Coverage - Comparison Chart for LIVINGSTON COUNTY - Prepared by Lifespan (585) 498-4034

	AETNA PLANS Phone: 833-859-6031 (All Rochester Hospitals are In the Aetna Network)			
	Platinum PPO Plan			
	(IN) and (OUT) of Ntwrk. Costs			
Medicare Star Rating (5 Stars Max.)	4 Stars			
Monthly Premium	$150 / mo.			
Hospitalization - Inpatient	(IN) $0 per Admission (OUT) Days 1-20 @ $500/day After 20 days @ $0			
Hospital - Observation	$0 /per Stay (IN) - 30% (OUT)			
Skilled Nursing Facility for Rehab (May Need Authorization)	(IN) Days 1-20 @ $0 (IN) Days 21-100 @$203 /day (OUT) @30%/Stay			
Primary Care Physician / Specialist	$0 / $0 (IN) - $50 / $60 (OUT)			
Telehealth - PC Dr. / Specialist	Copay Same as PCP & Spec. IN & OUT			
Chiropractic (Spinal Manipulation)	$15 (IN) - 30% (OUT)			
Outpatient - Hospital / Surgical Facil.	$300 / $200 (IN) - 30% (OUT)			
Outpatient - Mental Health	$0 (IN) - 30% (OUT)			
Ambulance / Rides to Medical Appt.	$300 Grnd. or Air (IN &OUT) / No Rides			
Emergency / *Urgent Care (Worldwide)*	$45 / $30 in US; $45 WW			
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20% (IN) - 30% (OUT) Dialysis 20% (IN) - 30% (OUT)			
Diagnostic: Lab / Other Procedures	$0 / $0 (IN) - 30% / 30% (OUT)			
X - Rays (Standard)	$0 (IN) - 30% (OUT)			
Diag. Imaging (MRI, CT, PET, etc.)	$100 - $150 (IN) - 30% (OUT)			
Radiation Therapy (co-pay may apply)	20% (IN) - 30% (OUT)			
Part D Prescription Drug Retail Co-Pays (30 day supply - Discounts for mailorder)	$0/$10/20%/50%/29% At Preferred Pharmacies ($250 Drug Deductible Tiers 3-5)			
Diabetic Monitoring Supplies ($0 Continuous Glucose Meter in All Aetna Plans)	$0 - for OneTouch / Lifescan 20% Other Suppliers (w/ Authoriz.) Under $35 for Covered Insulin			
Dental Coverage	$1000 Preventive and Comprehensive Allowance / yr. Any Dentist			
Routine Hearing Exam / Hearing Aid Allowance	Exam $0 (IN) - $60 (OUT) $1250 / ear Aid Allowance/ yr.			
Routine Vision Exam / Glasses Allowance	Exam: $0 (IN) - $60 (OUT) $200 Glasses Allowance / yr.			
Health Clubs / Wellness Programs	$0 Silver Sneakers @ Participating Health Clubs $180 OTC Catalog			
Travel Benefits - Out of Network	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	$4,300 (IN) $6,000 (IN & OUT Combined)			

Note: The information provided is current as of Oct 15, 2023. 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 585-498-4034 for assistance.

2024 Medicare Advantage Plans with Drug Coverage - Comparison Chart for LIVINGSTON COUNTY - Prepared by Lifespan (585) 498-4034

	EXCELLUS BLUE CHOICE PLANS (Page 1) Phone: 800-659-1986 or 1-888-529-1386				
	(Excellus Plans are Accepted at all Local Hospital Systems)				
	Extra (HMO)	Select (HMO)	Access PPO (In Network)	Access PPO (Out of Network)	Advanced (HMO-POS)
Medicare Star Rating (5 Stars Max.)	4 Stars	4 Stars	4.5 Stars ?		4 Stars
Monthly Premium	$0 w/ $31 /mo Part B Reduc.	$0	$14.40 / mo.		$32.40 / mo.
Hospitalization - Inpatient	*$400 /day days 1-5 After 5 days @ $0*	*$395/day days 1-5 After 5 days @ $0*	$375 /day for days 1-5 After 5 days @$0	$435 /day for days 1-28 After 28 days @ $0	*$360 /day days 1-5 After 5 days @ $0*
Hospital - Observation	*$380*	*$390/ Stay*	$300 / Stay	30%	*$350/ Stay*
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ $0 Days 21-100 @ $203/day	Days 1-20 @ $0 Days 21-100 @ $203/day	Days 1-20 @ $0 Days 21-100 @ $203/day	Days 1-100 @ 30%	Days 1-20 @ $0 Days 21-100 @ $203/day
Primary Care Physician / Specialist	$10/ $50	$10 / $45	$5 PCP/ $35 Specialist	$20 PCP /$50 Specialist	$5 / $40
Telehealth Doctor Sessions	Telehealth Dr. $10 / $50	Telehealth Dr. $10 / $45	$5 PCP/ $35 Specialist	Not Covered	Telehealth Dr. $5 / $40
Chiropractic (Spinal Manipulation)	$10	$10	$5	$20	$15
Outpatient - Hospital / Surgical Facil.	$380 / $380	$390 / $390	$300 / $300	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.	$260 / No Rides	$250 / No Rides	$260 / No Rides to Medical Appointments		$225 / No Rides
Emergency / *Urgent Care (Worldwide)*	$100 / $55	$100 / $45	$100 / $55		$100 / $45
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	$3 / $3	30% / 30%	$10 / $10
X - Rays (Standard)	$55	$55	$55	$70	$50
Diag. Imaging (MRI, CT, PET, etc.)	$300	$250	$300	30%	$250
Radiation Therapy (co-pay may apply)	20%	20%	20%	30%	20%
Part D Prescription Drug Retail Co-Pays (30 day supply) (Some 90 day Discounts)	$0/$15/$42/21%/27% (At Preferred Pharmacies) ($400 Deduct. Tiers 3-5)	$0/$15/$42/$95/27% (At Preferred Pharmacies) ($380 Deduct. Tiers 3-5)	$0/$12/$42/$95/27% (At Preferred Pharmacies) ($350 Deduct. Tiers 3-5)	Plan May Not Cover	$0/$15/$42/$95/28% (At Preferred Pharmacies) ($300 Deduct. Tiers 3-5)
Diabetic Monitoring Supplies and Low Cost Insulin (Under $35)	$5 /30 days @ Pref. Suppliers $35/mo for Covered Insulin	$5 /30 days @ Pref. Suppliers $35/mo for Covered Insulin	$5 /30 days @ Pref. Suppliers $35/mo for Covered Insulin	30% for Supplies and Insulin via Pump	$5 /30 days @ Pref. Suppliers $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	$0 for 2 Preventive Visits plus Comprehensive Coverg 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. $125 Allow./yr	$50 Exam / yr $125 Allowance/ yr.	$0 Exam / yr. $200 Allow./yr	$50 Exam / yr. $200 Allow./yr	$0 Exam /yr. $150 Allow./yr
Health Clubs / Wellness Programs	$0 for Silver & Fit $150 Allow. For Non-Partic. $120 OTC from Catalog	$0 for Silver & Fit $150 Allow. For Non-Partic. $200 OTC from Catalog	$0 Silver and Fit or $150 Allow. for Non-Particip. facil. $500-$600 Flex Card for Extra Vision, Dental or Hearing $120 OTC Allowance /Yr. from Catalog		$0 for Silver & Fit $150 Allow. For Non-Partic. $120 OTC from Catalog
Travel Benefits - Out of Network	Emergency Only	Emergency Only	NA	Pay Out of Network Rates	30% co-pay (OoN) ($3000 Max Benefit)
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	$7,900 In Network	$7,900 In Network	$7,900 IN	$11,700 Combined IN and OUT	$7,200 In Network

Note: The information provided is current as of Oct 15, 2023. 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 585-498-4034 for assistance.

	EXCELLUS BLUE CHOICE PLANS (Page 2) Phone: 800-659-1986 or 1-888-529-1386			
	(Excellus Plans are Accepted at all Local Hospital Systems)			
	Value Plus (HMO-POS)	Optimum (HMO-POS)		
Medicare Star Rating (5 Stars Max.)	4 Stars	4 Stars		
Monthly Premium	$66.40 / mo	$203.40 / mo.		
Hospitalization - Inpatient	$310/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 @ $203/day	Days 1-20 @ $0 Days 21-100 @ $203/day		
Primary Care Physician / Specialist	$0 / $30	$0 / $30		
Telehealth Doctor Sessions	Telehealth Dr. $0/ $30	Telehealth Dr. $0 / $30		
Chiropractic(Spinal Manipulation)	$0	$0		
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.	$200 / 12 Rides to Dr.	$150 / 12 Rides to Dr.		
Emergency / *Urgent Care (Worldwide)*	$100 / $40	$100 / $40		
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 Prescription Drug Retail Co-Pays (30 day supply) (Some 90 day Discounts)	$0/$15/$42/$95/33% (At Preferred Pharmacies) (No Deductible)	$0/$12/$42/$95/33% (At Preferred Pharmacies) (No Deductible)		
Diabetic Monitoring Supplies and Low Cost Insulin (Under $35)	$5 /30 days @ Pref. Suppliers $35/mo for Covered Insulin	$5 /30 days @ Pref. Suppliers $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. $225 Allow./yr	$40 Exam / yr. $275 Allow./yr		
Health Clubs / Wellness Programs	$0 for Silver & Fit $150 Allow. For Non-Partic. $200 OTC from Catalog	$0 for Silver & Fit $150 Allow. For Non-Partic. $200 OTC from Catalog		
Travel Benefits - Out of Network	30% co-pay (OoN) ($3000 Max Benefit)	30% co-pay (OoN) ($3000 Max Benefit)		
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	$6,700 In Network	$6,700 In Network		

Note: The information provided is current as of Oct 15, 2023. 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 585-498-4034 for assistance.

2024 Medicare Advantage Plans with Drug Coverage - Comparison Chart for LIVINGSTON COUNTY - Prepared by Lifespan (585) 498-4034

	MVP HEALTH CARE PLANS Phone: 800-324-3899			
	(MVP Plans are Accepted at all Local Hospitals)			
	Medicare Gold Giveback PPO	**Medicare Secure HMO-POS**	**Medicare Patriot PPO**	**Medicare WellSelect Plus PPO**
Medicare Star Rating (5 Stars Max.)	3.5 (New Plan)	4.5 Stars	3.5 Stars	3.5 Stars
Monthly Premium	$0 with $30 Part B Prem.Reduction	$25/ mo.	$40.20/ mo.	$85.90 / mo.
Hospitalization - Inpatient	Days 1-5 @ $400 After 5 days @ $0 (IN Network) 40% (Out of Network)	Days 1-5 @ $350 After 5 Days @ $0	Days 1-5 @ $400 After 5 days @ $0 (IN Network) 40% (Out of Network)	Days 1-5 @ $340 After 5 days @ $0 (IN Network) 40% (Out of Network)
Hospital - Observation	$300 / Stay	$350 / Stay	$325 / Stay (IN) - 40% (OUT)	$300 / Stay (IN) - 40% (OUT)
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ $0 Days 21-100 $203/day 40% (OUT)	Days 1-20 @ $0 Days 21-100 $203/day	Days 1-20 @ $0 Days 21-100 $203/day 40% (OUT)	Days 1-20 @ $0 Days 21-100 $203/day 40% (OUT)
Primary Care Physician / Specialist	$0 / $50 (IN) - $40 / $60 (OUT)	$0 / $45	$0 / $40 (IN) - $5 / $50 (OUT)	$0 / $45 (IN) - $60 / $60 (OUT)
Telehealth Doctor Sessions	Gia Telehealth Virtual Care $0	Gia Telehealth Virtual Care $0	Gia Telehealth Virtual Care $0	Gia Telehealth Virtual Care $0
Chiropractic(Spinal Manipulation)	$10 (IN) - $20 (Out)	$15	$10 (IN) - $20 (Out)	$10 (IN) - $20 (Out)
Outpatient - Hospital / Surgical Facil.	$300/$300 (IN)- 40% OUT	$350 / $300	$325/$200 (IN)- 40% OUT	$400/$300 (IN)- 40% OUT
Outpatient - Mental Health	$10 (In) - $60 (Out) (Need Authoriz.)	$10 (Need Prior Authorization)	$10 (In) - $50 (Out) (Need Authoriz.)	$10 (In) - $60 (Out) (Need Authoriz.)
Ambulance / Rides to Medical Appt.	$250 Ground - $500 Air / 12 Rides	$250 Ground - $500 Air / 12 Rides	$150 Ground - $300 Air / 24 Rides	$200 Ground - $400 Air / 18 Rides
Emergency / *Urgent Care (Worldwide)*	$100 / $30 in US - $100 WW	$95 / $30 in US - $95 WW	$95 / $30 in US - $95 WW	$95 / $40 in US - $95 WW
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20% (IN) - 40% (OUT) Dialysis: 20% (IN) - 20% (OUT)	20%	20% (IN) - 40% (OUT) Dialysis: 20% (IN) - 20% (OUT)	20% (IN) - 40% (OUT) Dialysis: 20% (IN) - 20% (OUT)
Diagnostic: Lab / Other Procedures	$0 to $10 / $25 (IN) - 40% (OUT)	$0 to $10 / $20	$0 / $10 (IN) - 40% (OUT)	$0 to $10 / $20 (IN) - 40% (OUT)
X - Rays (Standard)	$50 (IN) - $60 (OUT)	$50	$50 (IN) - $60 (OUT)	$50 (IN) - $60 (OUT)
Diag. Imaging (MRI, CT, PET, etc.)	$300 (IN) - 40% (OUT)	$50 - $200	$175 (IN) - 40% (OUT)	$150 (IN) - 40% (OUT)
Radiation Therapy (co-pay may apply)	$20% (IN) - 40% (OUT)	20%	20% (IN) - 40% (OUT)	20% (IN) - 40% (OUT)
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for mailorder)	$0/$12/$42/$100/27% ($400 Deductible for Tiers 3-5)	$0/$15/$47/25%/25% ($300 Deductible for Tiers 3-5)	$0/$15/$45/25%/27% ($250 Deductible for Tiers 3-5)	$0/$10/$47/25%/25% ($250 Deductible for Tiers 3-5)
Diabetic Monitoring Supplies and Low Cost Insulin	$0 from Preferred Suppliers Under $35 / Mo Insulin	$0 from Preferred Suppliers Under $35 / Mo Insulin	$0 from Pref. Suppliers; 40% OoN Under $35 / Mo Insulin	$0 from Pref. Suppliers; 40% OoN Under $35 / Mo Insulin
Dental Coverage	Comprehensive Coverage w/ $2000 Maximum Benefit	Comprehensive Coverage w/ $1500 Maximum Benefit	Comprehensive Coverage w/ $1500 Maximum Benefit	Comprehensive Coverage w/ $2000 Maximum Benefit
Routine Hearing Exam @ Truhearing / Hearing Aid Allowance	Exam $0 (IN) - $60 (OUT) /yr. $699 - $999 copay or $600 Allow. for Aid	Exam $0 /yr. $699 - $999 copay or $600 Allowance	Exam $0 (IN) - $60 (OUT) /yr. $699 - $999 copay or $600 Allowance	Exam $0 (IN) - $60 (OUT) /yr. $699 - $999 copay or $600 Allowance
Routine Vision Exam / Glasses Allowance	Exam: $0 (IN) - $0 (OUT) /yr. $225 /yr. Glasses Allowance	$0 Exam / yr. $150 /yr. glasses Allowance	Exam: $0 (IN) - $0 (OUT) /yr. $175 /yr. Glasses Allowance	Exam: $0 (IN) - $0 (OUT) /yr. $175/yr. Glasses Allowance
Health Clubs / Wellness Programs	$0 for Silver Sneakers $400 OTC Allowance $100 Wellnes Rewards	$0 for Silver Sneakers $300 OTC Allowance $100 Wellness Rewards	$0 for Silver Sneakers $200 OTC Allowance $100 Wellnes Rewards	$0 for Silver Sneakers $300 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)	$50 Office Visit Out of Network 40% of Other OoN Costs	$60 Office Visit Out of Network 40% of Other OoN Costs
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	$7,900 (IN Network) $11,500 (IN and OUT)	$7,900 In Network	$7,550 (IN Network) $11,300 (IN and OUT)	$7,550 (IN Network) $11,300 (IN and OUT)

Note: The information provided is current as of Oct 15, 2023. 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 585-498-4034 for assistance.

2024 Medicare Advantage Plans with Drug Coverage - Comparison Chart for LIVINGSTON COUNTY - Prepared by Lifespan (585) 498-4034

	MVP HEALTH CARE PLANS Phone: 800-324-3899			
	(MVP Plans are Accepted at all Local Hospitals)			
	Medicare Prefer. Gold HMO-POS			
Medicare Star Rating (5 Stars Max.)	4.5 Stars			
Monthly Premium	$222.40/ mo.			
Hospitalization - Inpatient	Days 1-5 @ $365/day After 5 Days @ $0			
Hospital - Observation	$325 / Stay			
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ $0 Days 21-100 $1203/day			
Primary Care Physician / Specialist	$0 / $40			
Telehealth - PC Dr. / Specialist	Gia Telehealth Virtual Care $0			
Chiropractic (Spinal Manipulation)	$15			
Outpatient - Hospital / Surgical Facil.	$325 / $225			
Outpatient - Mental Health	$10 (Need Prior Authorization)			
Ambulance / Rides to Medical Appt.	$160 Ground - $300 Air / 30 Rides			
Emergency / *Urgent Care (Worldwide)*	$95 / $30 in US - $95 WW			
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20%			
Diagnostic: Lab / Other Procedures	$0 to $10 / $10			
X - Rays (Standard)	$40			
Diag. Imaging (MRI, CT, PET, etc.)	$40 - $150			
Radiation Therapy (co-pay may apply)	20%`			
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for mailorder)	$0/$10/$40/25%/33% (No Drug Deductible)			
Diabetic Monitoring Supplies ($0 Continuous Glucose Meter in All Aetna Plans)	$0 from Preferred Suppliers Under $35 / Mo Insulin			
Dental Coverage	Comprehensive Coverage w/ $2000 Maximum Benefit			
Routine Hearing Exam / Hearing Aid Allowance	Exam: $0 $699-$999 copay or $600 Allow for Aid			
Routine Vision Exam / Glasses Allowance	$0 Exam /yr $225 /yr. Glasses Allowance			
Health Clubs / Wellness Programs	$0 for Silver Sneakers $400 OTC Allowance $100 Wellnes Rewards			
Travel Benefits - Out of Network	30% copay Out of Network ($4000 Maximum Benefit)			
Maximum Out of Pocket Expense (After which Plan pays 100%) Excludes premiums, drugs and uncovered costs	$6,500			

Note: The information provided is current as of Oct 15, 2023. 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 585-498-4034 for assistance.

2024 Medicare Advantage Plans with Drug Coverage - Comparison Chart for LIVINGSTON COUNTY - Prepared by Lifespan (585) 498-4034

	UNITED HEALTH CARE PLANS Phone: 800-555-5757 (UHC Plans are Accepted at all Local Hospitals)			
	UHC AARP Medicare Adv. HMO-POS NY0008	UHC AARP PPO NY0025	UHC Medicare Advantage PPO NY0020	UHC Medicare Advantage PPO NY0021
		(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 Stars	3 Stars (New Plan)	3.5 Stars	3.5 Stars
Monthly Premium	$0 / mo.	$19 / mo.	$29 / mo.	$56 / 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 @ $525 / day; >20 days @ $0	(IN) Days 1-5 @ $375 / Day; > 5 days @ $0 (OUT) Days 1-20 @ $550 / day; >20 days @ $0	(IN) Days 1-5 @ $360 / Day; > 5 days @ $0 (OUT) Days 1-20 @ $525/ day; >20 days @ $0
Hospital - Observation	$390 / Day	$375 /Day (IN) - 50% (OUT)	$375 /Day (IN) - 50% (OUT)	$360 /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) Da. 1-60 @$225/day Days 61-100 @$0	(IN) Da. 1-20 @$0 Days 21-100 @ $203 / Day (OUT) Da. 1-60 @$225/day Days 61-100 @$0	(IN) Da. 1-20 @$0 Days 21-100 @ $203 / Day (OUT) Da. 1-60 @$225/day Days 61-100 @$0
Primary Care Physician / Specialist	$10 / $45	$0 / $40 (IN) - $58 / $65 (OUT)	$0 / $40 (IN) - $58 / $65 (OUT)	$0 / $40 (IN) - $58 / $65 (OUT)
Telehealth Doctor Sessions	Telehealth Dr. $0 (IN)	Telehealth Dr. $0 (IN)	Telehealth Dr. $0 (IN)	Telehealth Dr. $0 (IN)
Chiropractic (Spinal Manipulation)	$15	$15 (IN) - $65 (OUT)	$15 (IN) - $65 (OUT)	$15 (IN) - $65 (OUT)
Outpatient - Hospital / Surgical Facil.	$390 / $335	$375 / $325 (IN) - 50% (OUT)	$375 / $325 (IN) - 50% (OUT)	$360 / $310 (IN) - 50% (OUT)
Outpatient - Mental Health	$25 or $15 (Group)	$25 or $15 (IN) - $40 or $30 (OUT)	$25 or $15 (IN) - $40 or $30 (OUT)	$25 or $15 (IN) - $40 or $30 (OUT)
Ambulance / Rides to Medical Appts.	$275 / No Rides to Dr.	$195 / No Rides to Dr.	$290 / No Rides to Dr.	$290 / No Rides to Dr.
Emergency / *Urgent Care (Worldwide)*	$100 / $40 in US - $0 WW	$100 / $40 in US - $0 WW	$100 / $40 in US - $0 WW	$100 / $40 in US - $0 WW
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20%	Medical Equip: 20% (IN) - 50% (OUT) Dialysis: 20% (IN) - 20% (OUT) Part B Drugs 20% (IN)-50% (OUT)	Medical Equip: 20% (IN) - 50% (OUT) Dialysis: 20% (IN) - 20% (OUT) Part B Drugs 20% (IN) - 50% (OUT)	Medical Equip: 20% (IN) - 50% (OUT) Dialysis: 20% (IN) - 20% (OUT) Part B Drugs 20% (IN)-50% (OUT)
Diagnostic: Lab / Other Procedures	$0 / $40	$0 / $0 (IN) - $0 / 50% (OUT)	$0 / $45 (IN) - $0 / 50% (OUT)	$0 / $45 (IN) - $0 / 50% (OUT)
X - Rays (Standard)	$35	$25 (IN) - $50 (OUT)	$35 (IN) - $50 (OUT)	$25 (IN) - $55 (OUT)
Diag. Imaging (MRI, CT, PET, etc.)	$225	$150 (IN) - 50% (OUT)	$195 (IN) - 50% (OUT)	$175 (IN) - 50% (OUT)
Radiation Therapy (co-pay may apply)	$60 / Service	$60 / Service (IN) - 50% (OUT)	$60 / Service (IN) - 50% (OUT)	$50 / Service (IN) - 50% (OUT)
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for mailorder)	$0/$12/$47/$100/27% ($350 Deductible Tiers 3-5)	$0/$12/$47/$100/30% ($195 Deductible Tiers 3-5)	$0/$12/$47/$100/28% ($295 Deductible Tiers 3-5)	$0/$14/$47/$100/30% ($195 Deductible Tiers 3-5)
Diabetic Monitoring Supplies and Low Cost Insulin	$0 for Covered Brands $35/mo. for Covered Insulin	$0 for Covered Brands (IN) - 50%(OUT) Under $35/ mo. For Covered Insulin	$0 for Covered Brands (IN) - 50%(OUT) Under $35/ mo. For Covered Insulin	$0 for Covered Brands (IN) - 50%(OUT) Under $35/ mo. For Covered Insulin
Dental Coverage	Prev. & Comp. $500 Max. $50 / mo for Optional Rider With $1500 Max Benefit	Prev. & Comp. $500 Max. $50 / mo for Optional Rider With $1500 Max Benefit	$0 Copay for 2 Preventive Visits/yr Optional $56 / mo. for a Dental Rider (with $1500 Maximum Benefit)	$0 Copay for 2 Preventive Visits/yr Optional $56 / mo. for a Dental Rider (with $1500 Maximum Benefit)
Routine Hearing Exam / Hearing Aid Allowance	$0 Exam/yr. $99-$1249 copay per Aid / yr.	$0 Exam (IN) / $65 Exam (OUT) $99 - $1249 copay per Aid per yr.	$0 Exam (IN) / $65 Exam (OUT) $99 - $1249 copay per Aid per yr.	$0 Exam (IN) / $65 Exam (OUT) $99 - $1249 copay per Aid per yr.
Routine Vision Exam / Glasses Allowance	$0 Exam (In Ntwrk) $250 Glasses Allowance	Exam: $0 (IN) - $65 (OUT) / $250 Glasses Allowance	Exam: $0 (IN) - $65 (OUT) / $250 Glasses Allowance	Exam: $0 (IN) - $65 (OUT) / $250 Glasses Allowance
Health Clubs / Wellness Programs	$0 for "Renew Active" Fitness Program at Participating Facilities	$0 for "Renew Active" Fitness Program at Participating Facilities	$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 In US Network Providers	Use UHC In US Network Providers or pay UHC Out of Network Rates	Use UHC In US Network Providers or pay UHC Out of Network Rates	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)	$7,550 (IN Network) $13,300 (IN & (OUT) Combined	$7,900 (IN Network) $13,300 (IN & (OUT) Combined	$7,500 (IN Network) $13,300 (IN & (OUT) Combined

Note: The information provided is current as of Oct 15, 2023. 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 585-498-4034 for assistance.

2024 Medicare Advantage Plans with Drug Coverage - Comparison Chart for LIVINGSTON COUNTY - Prepared by Lifespan (585) 498-4034

	UNITED HEALTH CARE PLANS Phone: 800-555-5757 (UHC Plans are Accepted at all Local Hospitals)			
	UHC Medicare Advantage PPO NY0022			
	(IN) and (OUT) of Network Costs			
Medicare Star Rating (5 Stars Max.)	**3.5 Stars**			
Monthly Premium	**$88 / mo.**			
Hospitalization - Inpatient	**(IN) Days 1-5 @ $375 / Day; > 5 days @ $0** **(OUT) Days 1-20 @ $525/ day >20 days @ $0**			
Hospital - Observation	**$325 /day (IN) - 50% (OUT)**			
Skilled Nursing Facility for Rehab (May Need Authorization)	**(IN) Da. 1-20 @$0 Days 21-100 @ $203 / Day** **(OUT) Da. 1-60 @$225/day Days 61-100 @$0**			
Primary Care Physician / Specialist	**$0 / $30 (IN) - $58 / $65 (OUT)**			
Telehealth - PC Dr. / Specialist	**Telehealth Dr. $0 (IN)**			
Chiropractic (Spinal Manipulation)	**$15 (IN) - $65 (OUT)**			
Outpatient - Hospital / Surgical Facil.	**$375 / $325 (IN) - 50% (OUT)**			
Outpatient - Mental Health	**$25 or $15 (IN) - $40 or $30 (OUT)**			
Ambulance / Rides to Medical Appt.	**$200 / No Rides to Dr.**			
Emergency / *Urgent Care (Worldwide)*	**$100 / $40 in US - $0 WW**			
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	**Medical Equip: 20% (IN) - 50% (OUT)** **Dialysis: 20% (IN) - 20% (OUT)** **Part B Drugs 20% (IN)-50% (OUT)**			
Diagnostic: Lab / Other Procedures	**$0 / $45 (IN) - $0 / 50% (OUT)**			
X - Rays (Standard)	**$35 (IN) - $45 (OUT)**			
Diag. Imaging (MRI, CT, PET, etc.)	**$250 (IN) - 50% (OUT)**			
Radiation Therapy (co-pay may apply)	**$40 / Service (IN) - 50% (OUT)**			
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies **(30 day supply - Discounts for mailorder)**	**$0/$12/$47/$100/33%** **($0 Deductible Tiers 3-5)**			
Diabetic Monitoring Supplies **($0 Continuous Glucose Meter in All Aetna Plans)**	**$0 for Covered Brands (IN) - 50%(OUT)** **Under $35/ mo. For Covered Insulin**			
Dental Coverage	**$0 Copay for 2 Preventive Visits/yr** **Optional $56 / mo. for a Dental Rider** **(with $1500 Maximum Benefit)**			
Routine Hearing Exam / Hearing Aid Allowance	**$0 Exam (IN) / $65 Exam (OUT)** **$49 - $1249 copay per Aid per yr.**			
Routine Vision Exam / Glasses Allowance	**Exam: $0 (IN) - $65 (OUT) /** **$200 Glasses Allowance**			
Health Clubs / Wellness Programs	**$0 for "Renew Active"** **Fitness Program at** **Participating Facilities**			
Travel Benefits - Out of Network	**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	**$7,200 (IN Network)** **$13,300 (IN & (OUT) Combined**			

Note: The information provided is current as of Oct 15, 2023. 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 585-498-4034 for assistance.

2024 Medicare Advantage Plans with Drug Coverage - Comparison Chart for LIVINGSTON COUNTY - Prepared by Lifespan (585) 498-4034

	HUMANA HEALTH CARE PLANS Phone: 800-833-2364			
	(Humana Plans are Out of Network for Rochester Regional Health Hospitals)			
	Gold Plus HMO 006	Choice PPO 015	Choice PPO 018	Choice PPO 001
Medicare Star Rating (5 Stars Max.)	3 Stars	3.5 Stars	3.5 Stars	3.5 Stars
Monthly Premium	$0	$0	* $0 (With $395 Medical Deductible) * $90/ mo. Part B Premium Reduction	$27
Hospitalization - Inpatient	Days 1-7 @$320 / Day After Day 7 @ $0 @ $0	Days 1-5 @$335 / Day, Then $0 (IN) Days 1-7 @$500/Day; Then $0 (OUT)	* $695 per Admission (IN) $375 Days 1-9 Then $0 (OUT)	Days 1-5 @$250 / Day, Then $0 (IN) Days 1-7 @$395 /Day; Then $0 (OUT)
Hospital - Observation	$320 / Stay	$335 / Stay	$500 / Stay	$250 / Stay
Skilled Nursing Facility for Rehab (May Need Authorization)	Days 1-20 @ $0 Days 21-100 @ $203	Days 1-20 @ $10; Days 21-100 @ $203 (IN) 30% (OUT)	* Days 1-20 @ $10; Days 21-100 @$203 (IN) 30% (OUT)	Days 1-20 @ $10; Days 21-100 @ $203 (IN) 30% (OUT)
Primary Care Physician / Specialist	$0 PCP / $35 Specialist	$0 / $35 (IN) - $10 / $45 (OUT)	$0 / $40 (IN) - $10 / $50 (OUT) *	$0 / $35 (IN) - $10 / $45 (OUT)
Telehealth Doctor Sessions	$0 PCP / $35 Specialist	$0 PCP / $35 Specialist	$0 PCP / $40 Specialist	$0 PCP / $35 Specialist
Chiropractic(Spinal Manipulation)	$15	$10 (IN) - 30% (OUT)	* $15 (IN) - 30% (OUT)	$5 (IN) - 30% (OUT)
Outpatient - Hospital / Surgical Facil.	$325 / $275	$350 / $300 (IN) - 30% (OUT)	* $450 / $400 (IN) - 30% (OUT)	$300 / $300 (IN) - 30% (OUT)
Outpatient - Mental Health	$35 Specialist / $75 Hospital	$35 / $100 (IN) - 30% (OUT)	* $40 / $75 (IN) - 30% (OUT)	$35 / $85 (IN) - 30% (OUT)
Ambulance / Rides to Medical Appts.	$270 / No Rides to Appts.	$300 / No Rides to Appts.	$300 / No Rides to Appts.	$300 / 36 Rides to Appts.
Emergency / *Urgent Care (Worldwide)*	$100 / $55	$120 / $60 (IN) - $120 / $60 (OUT)	$120 / $60 (IN) - $120 / $60 (OUT)	$120 / $60 (IN) - $120 / $60 (OUT)
Durable Med Equip.; Dialysis; and Part B Drugs are 20% (IN) in all Plans	20%	20% (IN) - 30% (OUT) Dialysis 20% (IN) and (OUT)	* DME 9% (IN) - 20% (Out) Part B Drugs & * Dial. 20% IN & Out	Dialysis & DME 20% (IN) - 20% (Out) Part B Drugs 20% (IN) - 30%Out
Diagnostic: Lab / Other Procedures	$0 / $0 to $35	$0 / $0-$35 (IN) - $10-30% / $10-$45 (OUT)	*$0 /$0-$40 (IN) - $10-30% / $10-$50 (OUT)	$0 / $0-$35 (IN) - $10-30% / $10-$45 (OUT)
X - Rays (Standard)	$35	$35 to $50 (IN) - $45 to 30% (OUT)	* $40 to $50 (IN) - $50 to 30% (OUT)	$35 - $50 (IN) - $45 - 30% (OUT)
Diag. Imaging (MRI, CT, PET, etc.)	$180	$200 (IN) - 30% (OUT)	* $200 (IN) - 30% (OUT)	$200 (IN) - 30% (OUT)
Radiation Therapy (co-pay may apply)	20%	20%	* 20%	20%
Part D Prescription Drug Retail Co-Pays at Preferred Pharmacies (30 day supply - Discounts for mailorder)	$0/$0/$47/$100/27% $350 Deductible Tiers 4-5	$0/$5/$47/$100/29% $250 Deductible Tiers 4-5	$0/$5/$47/$100/28% $310 Deductible Tiers 4-5	$0/$0/$47/$99/33% No Drug Deductible
Diabetic Monitoring Supplies and Low Cost Insulin	$0 @ Pref. Suppliers Under $35/mo. Insulin	$0 Preferred (IN) - 30% (OUT) Under $35/mo Insulin	$0 Preferred (IN) - 20% (OUT) Under $35/mo Insulin	$0 Preferred (IN) - 30% (OUT) Under $35/mo Insulin
Dental Coverage - (Check Details of Optional Humana Dental Plans)	Preventive and Some Comp. IN Netwrk Coverage Included ($2000 Max Benefit) 3 Riders Avail. $40.30 - $68.80 $2000 Max	Preventive and Some Comprehensive Coverage Included ($1500 Max Benefit) Rider Avail. for $50.90 ($2000 Max Benif)	Only Prevent. Coverage at $0 Included (3 Riders Avail. $40.30 - $68.80 with $2000 Max Benefit)	Preventive and Some Comprehensive Coverage Included ($1500 Max Benefit) Rider Avail. for $50.90 ($2000 Max Benif)
Routine Hearing Exam / Hearing Aid Allowance	$0 Exam $699 or $999 Copay for Aids	$0 Exam $699 or $999 Copay for Aids	$0 Exam $699 or $999 Copay for Aids	$0 Exam $699 or $999 Copay for Aids
Routine Vision Exam / Glasses Allowance	$0 Exam $100 - $150 Glasses Allowance	$0 Exam (IN) - $0 (OUT) $150 - $200 Glasses Allowance	$0 Exam (IN) - $0 (OUT) $150 - $200 Glasses Allowance	$0 Exam (IN) - $0 (OUT) $150 - $200 Glasses Allowance
Health Clubs / Wellness Programs	$0 for Silver Sneakers $200 / yr OTC Mail Order Allow.	$0 for Silver Sneakers $200 / yr OTC Mail Order Allow.	$0 for Silver Sneakers $100 / yr OTC Mail Order Allow.	$0 for Silver Sneakers $180 / yr OTC Mail Order Allow.
Travel Benefits - Out of Network	Use Humana Network (Emergency & Ugent Care OoN)	Use Humana Network or Pay Out of Network Rates	Use Humana Network or Pay Out of Network Rates	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	$7,550	$5,300 (IN) $9,150 Combined IN and OUT	$5,350 (IN) $9,500 Combined IN and OUT	$4,950 (IN) $8,950 Combined IN and OUT

Note: The information provided is current as of Oct 15, 2023. 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 585-498-4034 for assistance.