2016

Orleans County
Office for the Aging

Health Insurance Comparison Packet

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Medicare fee-for-service or Medicare Advantage; what is best for me?

Here are some of the options to consider as you continue to seek the best coverage with the least out of pocket expenses.

1. Usually a policy from a former employer with no or low premiums are the best. Especially if it comes with good coverage (including 'creditable' drug coverage).
2. Some retirement (group) plans are very costly, but they may still be the best if you look at out of pocket costs for an entire year.
3. Other retirement plans may not have a premium attached to the coverage, but they also have very limited coverage and annual out of pocket costs could be high. Drug coverage may not be 'creditable'.
4. Medicare plus a Medigap plan (Plans A-L) (see attached chart for coverage and costs) can be the right coverage for people who travel out of the area for extended periods of time or others who are uncomfortable with HMO concept. None of these offer 'creditable' drug coverage, so a 'standalone' Part D plan may need to be chosen.
5. Medicare Advantage Plans (MVP, Univera's Senior Choice, BC/BS WNY's Senior Blue, Independent Health's Encompass 65, United Health Care, Aetna or Fidelis Care; (**see attached for brief explanations of costs and coverage**) have some options for insurance coverage. You must take **their** Part D plan if you need/want Prescription coverage. All have co-payments for office visits, emergency room visits, etc. If you elect a Medicare Advantage Plan; Medicare **Will Not** pay for treatments that your Plan has denied, as Medicare is paying a monthly fee to the YOUR PLAN to cover your medical costs. Medicare does regulate these Advantage Plans and if you feel you are not receiving treatment that Medicare would have paid for under the fee-for-service, you have the right to appeal.
6. VETERANS – if you are a Veteran look at utilizing your veterans benefits

The bottom line is:

- Look carefully at all of your options before making a decision;
- Calculate your ***yearly out of pocket costs*** – use the cost comparison sheet on the other side
- Remember you are only looking at a "snapshot" of current costs. No one can predict what will happen in the future;
- If you leave a group or retirement plan you usually cannot return to that plan.

PLEASE USE **medicare.gov** to help compare plans; if you do not have access to internet, ask your children or grandchildren they can help!

10/08/2015

County: Orleans

Insurer	Plan A	Plan B	Plan C	Plan D	Plan F	Plan HDF	Plan G	Plan K	Plan L	Plan M	Plan N
Aetna Life Insurance	$199.65	$227.30			$265.09						
American Progressive *1	$184.66	$257.46	$319.74	$317.79	$333.42		$310.41				$171.80
Bankers Conseco	$221.80	$226.74			$324.05	$64.61	$273.14	$80.66	$164.55	$217.35	$171.24
Excellus Health Plan (d/b/a Univera Healthcare)	$155.64	$209.13	$250.86		$253.22	$100.45					$203.50
First United American	$170.00	$234.00	$281.00	$277.00	$266.00	$52.00	$248.00	$104.00	$147.00		$184.00
Group Health Inc (aka GHI)	$152.57	$204.82	$248.11		$250.59						
HealthNow New York Inc. (d/b/a BC of Western New York)	$161.83	$201.93	$248.80		$249.99	$107.99					
Humana	$173.93	$189.11	$225.84		$230.40	$79.51		$119.82	$162.72		$143.62
Mutual of Omaha	$172.17	$249.71	$271.27	$237.58	$309.79		$257.01			$231.44	
State Farm Mutual Auto	$255.35	$342.04	$396.10		$396.92						
Sterling Life	$207.14	$253.42			$287.49			$117.58			$214.24
United Healthcare (AARP Program)	$108.25	$154.00	$179.75		$180.50			$63.50	$105.25		$123.50

*1 Charges a one-time $25 policy fee at issue

https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums
~~10/7/13~~

10/8/15

Aetna 855-338-7027

Type of Medical Service	Premier Plan PPO
Monthly Premium	***$0.00***
Deductible	***$1,000 OON***
Part C	
Part D	
Primary Care/out of network	$10/40% OON
Specialist/out of network	$40/40% OON
Outpatient Surgery/Ambulatory Surgery	$290/40% OON
Ambulance	$300/$300
Emergency Care (waived if admitted)	$75
Urgent Care	$40
X-Rays/MRI/ Lab	$45/$175/$0/40% OON
PT, OT, & Speech Therapies	$40/40% OON
Chiropractor	$20/40% OON
Renal Dialysis	20%
Durable Medical Equipment/ Diabetic Supplies	20%/0-20%/40%OON
Observation Stays	
Part B covered drugs	20%
Inpatient Hospitalization	$345 1-5 days/40% OON
Skilled Nursing Facility	$0 days 1-20; $160 days 21-100/40% OON
Home Health Care	$0/40% OON
Preventive	$0/40% OON
Dental (Limited)	$40/40%
Annual Eye Exam; Eyewear Cverage	$0 routine/40% OON; $300 every 2 yrs
Hearing/Hearing Aids	$0 routine exams/$40/40%OON; $1000 every 3 yrs
(MOOP) Out Of Pocket Annual Limit	$6,700/$10,000 in & OON
Donut Hole	$3,310
Preferred Pharmacy Co-Pays - 30 day supply(check provider listing for pharmacies)	$100 deduct Tiers 3-5 $5/$10/$47/50%/30%

10/8/15

Senior Blue 2016

1-800-248-9296

www.bcbswny.com/medicare

Type of Medical Service	601 No Drug	650 HMO Select	651 Part D	Forever Blue Value PPO	Forever Blue PPO 751
Monthly Premium	***$0***	***$39.70***	***$109***	***$99***	***$191.00***
Part C		**$0.00**	**$69.27**	**$59.27**	**$151.27**
Part D		***$39.70***	***$36.73***	***$39.73***	***$39.73***
Primary Care	$25	$35	$15	$35/35%OON	$15/25%OON
Specialist	$45	$50	$35	$50/35%OON	$40/25%OON
Outpatient Surgery	$75-$250	$75-$300	$75-$250	$75-$275/35%OON	$75-$275/25%OON
Ambulance	$150	$275	$175	$175	$125
Emergency Care (waived if admitted)	$75	$75	$75	$75	$75
Urgent Care	$65	$65	$65	$65	$65
X-Rays/AdvRadiology/Lab	$45/$75/$5	$60/$100/$5	$40/$75/$5	$50/$75/$5/**35**% OON	$40/$75/$5/25% ONN
PT, OT, & Speech Therapies	$20	$35	$30	$20/20%	$20/20%
Chiropractor	$20	$20	$20	$20/35% OON	$20/25% OON
Renal Dialysis	$10	$30	$10	$10	$10
Diabetic Supp	$0	$0	$0	0%/50%OON	0%/50% OON
Part B covered drugs	20%; $0 for oral chemo	20%; $0 for oral chemo	20%; $0 for oral chemo	20%; $0 for oral chemo	20%; $0 for oral chemo
Inpatient Hospitalization	$270days 1-7; $1890 annual OOP	$275 days1-7; $1925 annual OOP	$225 days 1-7 $1575 annual OOP	$270/days1-7; $1890 annual OOP	$225/days1-7/$1575 annual OOP
Skilled Nursing Facility	Days 1-20 $0; Days 21-100 $160/Day	$0/Days 1-20; $160/Days 21-100	$0/Days 1-20; $160/Days 21-100	$40/Days 1-20; $156/Days 21-100/30%OON	$40/Days 1-20; $160/Days 21-100/30%OON
Home Health Care	$0	$0	$0	$0	$0
Preventive	$0	$0	$0	$0	$0
Dental	Optional benefits $17/mn. Basic/ $31 mn. Enhanced				
Annual Eye Exam; Eyewear Cverage	$45/exam every 2 yrs	$50/exam every 2 yrs; discounts	$40/exam every 2 yrs	$50/exam every 2 yrs/35%OON	$40/exam every 2 yrs; 25%
Hearing	$45 diagnostic	$50 diagnostic	$35 diagnostic	$50 diagnostic/35% OON	$40 diagnostic/25% OON
(MOOP) Out Of Pocket Annual	$6,700	$6,700	$6,700	$6700/$10,000 OON	$6700/$10,000 OON
$3,310 In Donut Hole	N/A	discounts	discounts	discounts	discounts
Preferred Pharmacy Co-Pays - 30 day supply(check provider listing for pharmacies)	N/A	$10/$15/$42/$94/33%	$7/$15/$42/$94/33%	$7/$15/$42/$94/33%	$5/$15/$42/$94/33%

10/3/15

Fidelis Care 800-860-8707

Type of Medical Service	Fidelis Medicare HMO Plan 019	Fidelis Advantage Flex HMO-POS Plan 003	Fidelis HMO-POS w/o Part D Plan 001
Monthly Premium	***$0.00***	***$39.70***	***$0.00***
Part C	***$0.00***	***$0.00***	***$0.00***
Part D	***$0.00***	***$39.70***	***$0.00***
Flex Benefit	***$0.00***	***$400.00***	***$0.00***
Primary Care/out of network	$15	$0/Not covered OON	$10/No OON coverage
Specialist/out of network	$40	$15/50% OON	$30/50%
Outpatient Surgery/Ambulatory Surgery	$300/$300	$300; No OON coverage/$300/50%	$300;No OON coverage/$300/50% OON
Ambulance	$225	$225/$225 OON	$225/$225OON
Emergency Care (waived if admitted)	$75	$75	$75
Urgent Care	$40	$15/$15 OON	$30/$30 OON
X-Rays/AdRadiology/ Lab	$10/20%/0-20%	$10/20%/20% Not covered OON except Lab 50%	$10/20%/0-20% Not covered OON except Lab %50%
PT, OT, & Speech Therapies	$40	$15/50% OON	$30/50%
Chiropractor	$20	$15/50% OON	$20/50%
Renal Dialysis	20%	20%	20%
Radiaton	20%	20%/Not covered OON	20%/ Not covered OON
Durable Med Equip/Diabetic Supplies	20%/$0	20%/$0/ Not covered OON	20%/$0/Neither covered OON
Observation Stays			
Part B covered drugs	20%	20%	20%
Inpatient Hospitalization	$300 Days 1-5/Admission	$300 Days 1-5/Admission/NOT covered OON	$300 Days 1-5/Admission/Not Covered OON
Skilled Nursing Facility	$0 Days 1-20; $150 Days 21-100	$0 Days 1-20; $150 Days 21-100/ Not covered OON	$0 Days 1-20; $150 Days 21-100; Not covered OON
Home Health Care	$0	$0	$0
Preventive Care	Yes	Yes	Yes
Dental - Preventive	Yes	$ copay/Not covered OON	No
Annual Eye Exam/Eyewear Cverage	$20/only after cataract surgery	$0/through Flex benefit; No OON	$0/after cataract surgery/$0
Hearing			
(MOOP) Out Of Pocket Annual Limit	$6,700	$6,700	$6,700
Prescription Coverage (Part D)			
Deductbile		$250 (Tiers 2-5)	
Donut Hole	$2,790	$2,830	None
Co-Pays	$0/$20/$47/$100/33%	$0/$15/$35/$100/27%	None

10/8/15

Independent Health 2016

(716) 635-4900 or 1-800-958-4405 or visit www.independenthealth.com			in network/out of network		
Type of Medical Service	***Encompass 65 w/o drugs***	***Encompass 65 Basic HMO/POS***	***Encompass 65 Essential w/drugs HMO/POS***	***Passport Advantage PPO***	***Select HMO/POS***
Premium	***$0***	***$111.00***	***$0***	***$125.00***	***$41***
Part C		***$71.30***		***$85.30***	***$1.30***
Part D		***$39.70***		***$39.70***	***$39.70***
Deductible/limits		$1500 POS annual limit	$1500 POS annual limit	$600	$1500 POS annual limit
Primary Care/out of network	$10	$10/$40	$15/$50 OON	$20/$40	$15/$50
Specialist/out of network	$25	$30/$40	$45/$50 OON	$35/$40	$45/$50
Outpatient Surgery	$100	$200	$295	deduct + ($250/30% OON)	$250
Ambulance	$150	$200	$250	deduct + $200	$225
Emergency Care (waived if admitted)	$75	$75	$75	$75	$75
Urgent Care	$65	$65	$65	$65	$65
X-Rays/Ad Radiology/ Lab	$25/$50/$5	$30/$100/$0	$45/$200/$5	deduct + $35/$75/$0no deduct/30% OON	$45/$150/$0
PT, OT, & Speech Therapies	$10	$15	$20	deduct+$15/deduct+ 30%	$20
Durable Med Equip/Diabetic supplies	20%/$10	20%/$10; 20% OON	20%/$10; 20% OON	20%;50%OON/$10; 30% OON	20%/$10; 20% OON
Observation Status in Hospital	billed through ER visit	billed through ER visit	billed through ER visit	billed through ER visit	billed through ER visit
Renal Dialysis	$0	$0/$0 OON	$0/$0 OON	$0/$0 OON	$0/$0 OON
Part B covered drugs	20%	20%	20%	deduct + (20%/30% OON)	20%
Inpatient Hospitalization	$295 1-6 days	$700/admission	Days 1-6 $295/day, 7 + days $0	$250 1-7days IN/deduct + 30% OON	$850
Skilled Nursing Facility	$40 1-20 days, $160 21-100 days	$0 Days 1-20 Days 21-100 $75/day	$0 Days 1-20 Days 21-100 $160/day	$0 1-20 days/$75 21-100 days/deduct 30% OON	$0 Days 1-20 Days 21-100 $100/day
Home Health Care	$10	$0	$0	$0	$0
Preventive Care	$0	$0	$0	$0	$0
Dental	preventive	preventive	preventive	preventive	preventive
Routine Annual Eye Exam/Diagnostic Exam/Eyewear Coverage	$0/$150	$0/$150	$0/$100 eyewear	$0/$150 in network only	$0/$100
Hearing	No coverage				
(MOOP) Out Of Pocket Annual Limit	$3,400	$6,700	$6,700	$6700/$10,000 OON	$6,700
Healthy Living	Health Benefits Gym Membership ($20 one time activation fee/year)				
Part D Prescription					
Donut Hole	**NA**	**$3,310**			
Deductible			**$175**		
Co-Pays	NA	$4/$10/$47/$75/33%	$8/$20/$47/$100/33%	$4/$12/$45/$90/33%	$4/$15/$45/$95/33%

09/28/2015 **MVP 2015 1-888-280-6205 www.mvphealthcare.com**

Type of Medical Service	Preferred Gold HMO/POS	GoldValue Rx HMO/POS	Gold PPO with Part D	MVP Basicare with Part D PPO
Monthly Premium	***$99.60***	***$167.50***	***$151.00***	***$29.90***
Part C	***$99.60***	***$99.10***	***$82.00***	***$29.90***
Part D	***$0.00***	***$68.40***	***$69.00***	***$0.00***
Primary Care/out of network	$15	$20	$25/$60 OON	$35/$50 OON
Specialist/out of network	$30	$40	$50/$60 OON	$50/$60 OON
Outpatient Surgery/Ambulatory Surgery	$225/$100	$300/$150	$500/$250/40% OON	$600/$300/40% OON
Ambulance	$75	$125	$125	$200
Emergency Care (waived if admitted)	$75	$75	$75	$75
Urgent Care	$30	$40	$50	$50
X-Rays/AdRadiology/ Lab	$30/$60/$10/$0	$40/$100/$10/$0	$50/$60/$10/40% OON	$50/$100/$20/40% OON
PT, OT, & Speech Therapies	$30	$40	$40/$60 OON	$40/$60 OON
Chiropractor	$20	$20	$20	$20
Renal Dialysis	$0/$0	$0/$0	$0/$0	$0/$0
Durable Medical Equipment	20%	20%	20%/40% OON	20%/40% OON
Observation Stays	$225	$300	$500/40%OON	$600/40%OON
Part B covered drugs	20%	20%	$50 copay or 20% cost/40% OON	$50 copay or 20% cost/40% OON
Inpatient Hospitalization	$150/day days 1-5; $0/day Days 6+	$295/day days 1-5; $0/day Days 6+	$750/3 times per yr/40% OON	$295/day days 1-5; $0/day Days 6+/ 40% OON
Skilled Nursing Facility	$0/copay 1-20 days; $160/copay days 21-100	$0/copay 1-20 days; $160/copay days 21-100	$0/copay 1-20 days; $160/copay days 21-100/40% OON	$0/copay 1-20 days;$160/copay days 40% OON
Home Health Care	$0	$0	$0/40% OON	$0/40% OON
Preventive	$0	$0	$0	$0
Dental	None	$240/year	None	None
Annual Eye Exam; Eyewear Cverage	$30/exam; $100 eyewear every 2 years	$40/$75 2yrs	$50/exam/$60 OON	$50/exam/$60 OON
Hearing/TruHearing Hearing Aids	$30/ exam/ $699-$999 per aid; up to 2 aids/year	$40/exam/$699-$999 per aid; up to 2 aids/year	$50/exam/$699-$999 per aid; up to 2 aids/year	$50/exam/$699-$999 per aid; up to 2 aids/year/$60 OON
(MOOP) Out Of Pocket Annual Limit	$4,500	$6,000	$10,000 OON (combined) $4,000 in only	$10,000 OON (combined) 4,000 in only
Coverage Gap or Donut Hole $3310				
Co-Pays	No coverage	$10/$35/$90/33%/$0	$10/$35/$90/33%/$0	$360 deductibleTiers 2-5 only; $3/$15/$45/$95/$25%/$0

10/08/2015

Univera Senior Choice 2015 1-800-659-1986

	HMO			HMO-POS	
Type of Medical Service	**Basic**	**Value**	**Value Plus**	**Secure -HMO/POS**	**Select - HMO/POS**
Monthly Premium	**$0**	***$39***	***$76***	***$160***	***$130***
Part C	**$0**	***0.10***	***$36.27***	***$120.27***	***$130***
Part D	**$0**	***$38.90***	***$39.73***	***$39.73***	***$0***
Primary Care/out of network	$25.00	$15	$15	$10/30%OON	$10/30%OON
Specialist/out of network	$50	$50	$45	$40/30%OON	$40/30%OON
Outpatient Surgery	20%	20%	$300	$200/30%OON	$200/30%OON
Ambulance	$250	$200	$225	$175/30%OON	$175/30%OON
Emergency Care (waived if admitted)	$75	$75	$75	$75	$75
Urgent Care	$65	$60	$50	$50	$40/30%OON
X-Rays/AdvRaidologyl/ Lab	$60/20%/$25	$50/20%/$15	$50/$175/$15	$40/$150/$10/30%OON	$40/$150/$10/30%OON
PT, OT, & Speech Therapies	$40	$40	$40	$0/30% OON	$40/30% OON
Chiroprator	$15	$15	$15	$15/30%OON	$20
Renal Dialysis	20%	20%	20%	20%/30%OON	20%/30%OON
DME/ Diabetic supplies	20%/20%	20%	20%	20%/30%	20%/30%
Observation stays	20%	20%	20%	20%/30%OON	20%/30%OON
Part B covered drugs	20%	20%	20%	20%/30%OON	20%/30%OON
Inpatient Hospitalization	$350/days 1-5	$350 days 1-5; $0 days 6+	$300 days 1-5; $0 days 6+	$250 days 1-5; $0 days 6+/30%OON	$250 days 1-5; $0 days 6+/30%OON
Skilled Nursing Facility	Days 1-20 $0/day; Days 21-100 $160/day	Days 1-20 $0/day; Days 21-100 $160/day	Days 1-20 $0/day; Days 21-100 $140/day	Days 1-20 $0/day; Days 21-100 $120/day	Days 1-20 $0/day; Days 21-100 $120/day
Home Health Care	$0	$0	$0	0/30%OON	0/30%OON
Preventive Care	$0	$0	$0	$0	$0
Preventive Dental	Limited	Limited	yes	yes	yes
Hearing Exam	$50	$50/exam	$45/exam	$40/30%OON exam	$40/30%OON exam
Annual Eye Exam; Eyewear Cverage	$50	$50/eye exam; No eyewear allowance	$45/exam; $75 eyewear allowance	$40/30% OON exam; $120 eyewear allowance	$40/30% OON exam; $120 eyewear allowance
(MOOP) Out Of Pocket Annual Limit	$6,700	$6,700	$6,000	$5,500	$5,500
Prescription Drug Plan					
Donut hole	$3,310				N/A
Deductible	$360 Tiers 3-5				
Co-Pays 30 days	$4/$12/$$47/$100/25%	$4/$8/$47/$100/33%	$4/$8/$47/$100/33%	$3/$8/$47/$100/33%	N/A

10/07/2015	United Health Care 2016 716-583-7784			
	MedicareComplete Plan 1 Regional PPO	MedicareComplete Choice without Part D	MedicareComplete Plan 3	MedicareComplete Plan 4
	In-Network/Out-f-Network	In-Network/Out-of-Network	In Network/Out-of-Network	In-Network/Out-of-Network
Monthly Premium	***$0***	***$0***	***$39***	***$69***
Part C				
Part D				
Primary Care	$10/$45OON	10/$45 OON	$5/$40 OON	$0/$30 OON
Specialist	$45/$70(no referrals)	$40/$65(no referrals)	$30/$60 OON	$25/$50 OON
Outpatient Surgery	20%/40%OON	20%/40% OON	$295/40% OON	$250/40% OON
Ambulance	$250/$250 OON	$250/$250 OON	$350/$250	$250/$250
Emergency Care (waived if admitted)	75/$75 OON	$75/$75OON	$75/$75 OON	$75/$75 OON
Urgent Care	$30-$40	$30/$40	$30-$40	$25-$40
X-Rays/AdRadiolgy/ Lab	$16/20%/$19; $21/40%/$19OON	$16/20%/$13; OON: $21/40%/$19	$16/20%/$18; $21/40%/$18 OON	$16/20%/$19; $21/40%/$19
PT,OT, Speech Therapy				
Chiropractor	20/$65			
Renal Dialysis	20%/20%OON	20%/20%	20%/20%	20%/20%
Durable Med Equip/Diabetic testing supplies	20%/$0 covered brands/40%OON	20%/50%	20%/$0 covered brands/40% OON	20%/$0 covered brands/40% OON
Inpatient Hospitalization	$395/day 1-4/$0 21-100; $500/day 1-20/$0 21-100	$345/day 1-5/$0 6+; OON:$500/day 1-20; $0 21-100	$325/day days1-4; OON: $495/day days1-19	$295/day 1-4; OON: $325/day 1-26
Skilled Nursing Facility	$0 days 1-20; $160 days 21-47 $0days 47-100; OON:$250/days 1-40; $0days 41-100	$0 days1-20 $160 days 21-47 $0days 47-100 OON: $250 days 1-40; $0/days 41-100	$0days 1-20; $160 days 21-56; $0 days 57-100 OON: $250 days 1-36; $0 days 37-100	$0days 1-20; $160 days 21-51; $0 days 52-100 OON: $250 days 1-33; $0 days 34-100
Home Health Care	0/50%	0/50% OON	$0/50% OON	$0/50% OON
Preventive Care	0/40%	$0/40% OON	$0/40% OON	$0/40% OON
Preventive Dental	N/A	N/A	Yes	Yes
Hearing (routine test) Hearing aids (see plan specifics)	$10 $390/$450 (covered brands)	$10 $390/$450 (covered brands)	$5/$60 OON (1/year) $390-$450/ aid (covered brands)	$0/$50 OON (1/year) $390-$450/ aid (covered brands)
Annual Eye Exam	$45/$70 OON (1 per year)	$45/$70 OON (1/year)	$30/$60 OON (1/year)	$25/$50 OON (1/year)
(MOOP) Annual Out Of Pocket	6700/$10,000 In + OON	$6700/$10,000 In + OON	$5,700/$9,000 In + OON	$4,900/$8,200 In + OON
Silver Sneakers	N/A	N/A	Yes	Yes
Prescription Drug Plan		**N/A**		
Deductible	$290 Tiers 3-5	**N/A**	$150 Tiers 3-5	$0
Donut Hole/Coverage Gap	$3310 Retail cost of prescriptions			
Co-Pays 30 day supply	$2/$12/$47/$100/26%	**NA**	$2/$8/$45/$95/29%	$2/$8/$45/$95/33%

2016 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 9, 2015. Includes 2016 approved contracts/plans. Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. For 2016, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.

Company Name	Plan Name	Benefit Type	$0 Premium with Full Low-Income Subsidy?	Monthly Drug Premium	Annual Drug Deductible	Additional Drug Coverage Offered in the Gap	Contract ID	Plan ID
Aetna Medicare	Aetna Medicare Rx Saver (PDP)	Basic	x	$32.70	$360.00	No	S5810	037
Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure (PDP)	Basic	x	$41.00	$360.00	No	S5617	013
Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure-Extra (PDP)	Enhanced		$47.60	$250.00	No	S5617	248
EnvisionRx Plus	EnvisionRxPlus Silver (PDP)	Basic	x	$41.20	$360.00	No	S7694	003
Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	Enhanced		$70.20	$360.00	No	S5983	006
Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	Basic	x	$37.30	$360.00	No	S5983	004
First Health Part D	First Health Part D Premier Plus (PDP)	Enhanced		$93.40	$0.00	Yes	S5768	199
First Health Part D	First Health Part D Value Plus (PDP)	Enhanced		$38.00	$0.00	Yes	S5768	200
HealthNow New York Inc.	SmartSaver Rx PDP Value (PDP)	Basic		$76.00	$360.00	No	S1140	001
Humana Insurance of New York	Humana Enhanced (PDP)	Enhanced		$70.90	$0.00	Yes	S5552	003
Humana Insurance of New York	Humana Preferred Rx Plan (PDP)	Basic	x	$36.70	$360.00	No	S5552	004
Humana Insurance of New York	Humana Walmart Rx Plan (PDP)	Enhanced		$18.40	$360.00	No	S5552	005
Magellan Rx Medicare	Magellan Rx Medicare Basic (PDP)	Basic	x	$38.90	$360.00	No	S4607	002
SilverScript	SilverScript Choice (PDP)	Basic	x	$22.90	$0.00	No	S5601	006
SilverScript	SilverScript Plus (PDP)	Enhanced		$81.80	$0.00	Yes	S5601	007
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced		$64.70	$0.00	No	S5805	001
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic		$45.90	$360.00	No	S5921	379
WellCare	WellCare Classic (PDP)	Basic	x	$38.70	$360.00	No	S5967	140
WellCare	WellCare Extra (PDP)	Enhanced		$61.70	$0.00	No	S5967	175
Sanctioned Plans Below: As of 09/22/2015								
First United American Life Insurance Co.	First United American - Enhanced (PDP)	Enhanced		$85.30	$270.00	Yes	S5580	003
First United American Life Insurance Co.	First United American - Essential (PDP)	Enhanced		$44.30	$230.00	No	S5580	007
First United American Life Insurance Co.	First United American - Select (PDP)	Basic		$63.50	$360.00	No	S5580	006

New Income Limits!

Join EPIC to save more with Medicare Part D!

EPIC is a New York State Program that provides secondary drug coverage and premium assistance for seniors with Medicare Part D.

You can join if you are **65** or older, a New York State **resident**, and have income up **to $75,000** single or **$100,000** married. To receive EPIC benefits you must be enrolled in a Part D plan.

EPIC:

- ✓ enrolls lower income seniors into its Fee Plan and higher income seniors into its expanded Deductible Plan
- ✓ pays the monthly Medicare Part D drug premium up to the basic plan amount for those with income up to $23,000 single or $29,000 married
- ✓ provides co-payment assistance for Part D and EPIC covered drugs <u>after</u> any Part D deductible is met
- ✓ provides co-payment assistance for many Part D excluded drugs
- ✓ has co-payments in the coverage gap that are $3 - $20 depending on the cost of the drug

It's easy to join EPIC!

For more information call 1-800-332-3742, or go to www.health.ny.gov/health_care/epic

EPIC Co-Payments

Prescription Cost After Submitting to Medicare Part D	EPIC Co-Payment
Up to $ 15.00	$ 3.00
$15.01 to $ 35.00	$ 7.00
$35.01 to $ 55.00	$ 15.00
OVER $55.00	$ 20.00

- Fee Plan members will pay EPIC co-payments for Part D and EPIC covered drugs after the Part D deductible, if any, is met.
- Deductible Plan members will pay EPIC co-payments after their EPIC deductible is met. Drug costs in the Medicare Part D deductible phase cannot be applied to the EPIC deductible.

Single:

Annual Income	Annual Fee	
Up to $ 6,000	$ 8	**EPIC pays Part D Premium**
$ 6,001 - $ 7,000	16	
$ 7,001 - $ 8,000	22	
$ 8,001 - $ 9,000	28	
$ 9,001 - $10,000	36	
$10,001 - $11,000	40	
$11,001 - $12,000	46	
$12,001 - $13,000	54	
$13,001 - $14,000	60	
$14,001 - $15,000	80	
$15,001 - $16,000	110	
$16,001 - $17,000	140	
$17,001 - $18,000	170	
$18,001 - $19,000	200	
$19,001 - $20,000	230	
Over $20,000	See Deductible Plan	

Married Joint:

Annual Income	Annual Fee (Each Person)
Up to $ 6,000	$ 8
$ 6,001 - $ 7,000	12
$ 7,001 - $ 8,000	16
$ 8,001 - $ 9,000	20
$ 9,001 - $10,000	24
$10,001 - $11,000	28
$11,001 - $12,000	32
$12,001 - $13,000	36
$13,001 - $14,000	40
$14,001 - $15,000	40
$15,001 - $16,000	84
$16,001 - $17,000	106
$17,001 - $18,000	126
$18,001 - $19,000	150
$19,001 - $20,000	172
$20,001 - $21,000	194
$21,001 - $22,000	216
$22,001 - $23,000	238
$23,001 - $24,000	260
$24,001 - $25,000	275
$25,001 - $26,000	300
Over $26,000	See Deductible Plan

The cost to join the Fee Plan is based on your previous year's income. You can pay your Annual Fee in total or pay a bill every three months. EPIC fees are waived for those with full Extra Help from Medicare.

DEDUCTIBLE PLAN

Single:

Annual Income	Annual Deductible	
Under $20,000	See Fee Plan	
$20,001 - $21,000	$ 530	**EPIC pays Part D Premium**
$21,001 - $22,000	550	
$22,001 - $23,000	580	
$23,001 - $24,000	720	**Member pays their Part D premium (shaded incomes) EPIC Deductible lowered by approximately $~~44~~ 477 to help them pay**
$24,001 - $25,000	750	
$25,001 - $26,000	780	
$26,001 - $27,000	810	
$27,001 - $28,000	840	
$28,001 - $29,000	870	
$29,001 - $30,000	900	
$30,001 - $31,000	930	
$31,001 - $32,000	960	
$32,001 - $33,000	1,160	
$33,001 - $34,000	1,190	
$34,001 - $35,000	1,230	
$35,001 - $36,000	1,260	
$36,001 - $37,000	1,290	
$37,001 - $38,000	1,320	
$38,001 - $39,000	1,350	
$39,001 - $40,000	1,380	
$40,001 - $41,000	1,410	
$41,001 - $42,000	1,440	
$42,001 - $43,000	1,470	
$43,001 - $44,000	1,500	

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Married Joint:

Annual Income	Annual Deductible (Each Person)
Under $26,000	See Fee Plan
$26,001 - $27,000	$ 650
$27,001 - $28,000	675
$28,001 - $29,000	700
$29,001 - $30,000	725
$30,001 - $31,000	900
$31,001 - $32,000	930
$32,001 - $33,000	960
$33,001 - $34,000	990
$34,001 - $35,000	1,020
$35,001 - $36,000	1,050
$36,001 - $37,000	1,080
$37,001 - $38,000	1,110
$38,001 - $39,000	1,140
$39,001 - $40,000	1,170
$40,001 - $41,000	1,200
$41,001 - $42,000	1,230
$42,001 - $43,000	1,260
$43,001 - $44,000	1,290
$44,001 - $45,000	1,320
$45,001 - $46,000	1,575
$46,001 - $47,000	1,610
$47,001 - $48,000	1,645
$48,001 - $49,000	1,680
$49,001 - $50,000	1,715

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Single:

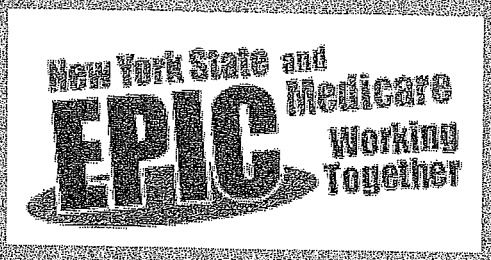
Annual Income	Annual Deductible
$44,001 - $45,000	$1,530
$45,001 - $46,000	1,560
$46,001 - $47,000	1,590
$47,001 - $48,000	1,620
$48,001 - $49,000	1,650
$49,001 - $50,000	1,680
$50,001 - $51,000	1,710
$51,001 - $52,000	1,740
$52,001 - $53,000	1,770
$53,001 - $54,000	1,800
$54,001 - $55,000	1,830
$55,001 - $56,000	1,860
$56,001 - $57,000	1,890
$57,001 - $58,000	1,920
$58,001 - $59,000	1,950
$59,001 - $60,000	1,980
$60,001 - $61,000	2,010
$61,001 - $62,000	2,040
$62,001 - $63,000	2,070
$63,001 - $64,000	2,100
$64,001 - $65,000	2,130
$65,001 - $66,000	2,160
$66,001 - $67,000	2,190
$67,001 - $68,000	2,220
$68,001 - $69,000	2,250
$69,001 - $70,000	2,280
$70,001 - $71,000	2,310
$71,001 - $72,000	2,340
$72,001 - $73,000	2,370
$73,001 - $74,000	2,400
$74,001 - $75,000	2,430
Over $75,000	not eligible

Member pays their Part D premium (shaded incomes) EPIC Deductible lowered by approximately $~~444~~ 477 to help them pay

Married Joint:

Annual Income	Annual Deductible (Each Person)
$50,001 - $51,000	$1,745
$51,001 - $52,000	1,775
$52,001 - $53,000	1,805
$53,001 - $54,000	1,835
$54,001 - $55,000	1,865
$55,001 - $56,000	1,895
$56,001 - $57,000	1,925
$57,001 - $58,000	1,955
$58,001 - $59,000	1,985
$59,001 - $60,000	2,015
$60,001 - $61,000	2,045
$61,001 - $62,000	2,075
$62,001 - $63,000	2,105
$63,001 - $64,000	2,135
$64,001 - $65,000	2,165
$65,001 - $66,000	2,195
$66,001 - $67,000	2,225
$67,001 - $68,000	2,255
$68,001 - $69,000	2,285
$69,001 - $70,000	2,315
$70,001 - $71,000	2,345
$71,001 - $72,000	2,375
$72,001 - $73,000	2,405
$73,001 - $74,000	2,435
$74,001 - $75,000	2,465
$75,001 - $76,000	2,495
$76,001 - $77,000	2,525
$77,001 - $78,000	2,555
$78,001 - $79,000	2,585
$79,001 - $80,000	2,615
$80,001 - $81,000	2,645
$81,001 - $82,000	2,675
$82,001 - $83,000	2,705
$83,001 - $84,000	2,735
$84,001 - $85,000	2,765
$85,001 - $86,000	2,795
$86,001 - $87,000	2,825
$87,001 - $88,000	2,855
$88,001 - $89,000	2,885
$89,001 - $90,000	2,915
$90,001 - $91,000	2,945
$91,001 - $92,000	2,975
$92,001 - $93,000	3,005
$93,001 - $94,000	3,035
$94,001 - $95,000	3,065
$95,001 - $96,000	3,095
$96,001 - $97,000	3,125
$97,001 - $98,000	3,155
$98,001 - $99,000	3,185
$99,001 - $100,000	3,215
Over $100,000	not eligible

There is no fee to join the Deductible Plan. You pay full price (Part D amount charged) for your drugs until you meet your Annual Deductible which is based on your previous year's income. EPIC tracks how much you spend. Drug costs in the Medicare Part D deductible phase cannot be applied to the EPIC deductible.



Questions? Call the EPIC Helpline at: 1-800-332-3742 (TTY 1-800-290-9138)
¿Necesita Ayuda? Llame al 1-800-332-3742

January 2015