

2019 Westchester County Medicare Advantage Plans

| Organization Name | Plan Name (DVH = Dental, Vision, Hearing) | Type of Medicare Health Plan | Monthly Consolidated Premium (Includes C+D) | Health/Drug Premium | Primary Care Visit | Specialist Visit | Hospital Co-Pay | Annual Rx Deductible | Drug Benefit Type | Contract ID | Plan ID | In-Network Moop |
|-----------------------------|---|------------------------------|---|---------------------|--------------------|------------------|----------------------------|----------------------|-------------------|-------------|---------|-----------------|
| Aetna Medicare | Aetna Medicare Elite Plan (PPO) | Local PPO | \$0.00 | \$0.00 | \$10.00 | \$50.00 | \$675 per stay | \$245.00 | Enhanced | H5521 | 120 | \$ 6,700 |
| Aetna Medicare | Aetna Medicare Premier Plan (PPO) | Local PPO | \$67.00 | \$48.60/\$18.40 | \$10.00 | \$35.00 | \$360 days 1-5/ \$0 6-90 | \$195.00 | Enhanced | H521 | 121 | \$ 6,700 |
| Aetna Medicare | Aetna Medicare Value Plan (HMO) | Local HMO | \$47.00 | \$26.20/\$20.80 | \$15.00 | \$40.00 | \$360 days 1-5/ \$0 6-90 | \$195.00 | Enhanced | H3312 | 018 | \$ 6,700 |
| Affinity Health Plan | Affinity Medicare Passport Essentials (HMO) | Local HMO | \$0.00 | \$0.00 | \$5.00 | \$35.00 | \$310 days 1-6/ \$0 7-90 | \$295.00 | Enhanced | H5991 | 003 | \$ 6,700 |
| AgeWell New York | AgeWell New York LiveWell (HMO) | Local HMO | \$19.00 | \$0.00/\$19.00 | \$15.00 | \$35.00 | \$695 per stay | \$275.00 | Enhanced | H4922 | 011 | \$ 6,700 |
| AgeWell New York | AgeWell New York PlanWell (HMO) | Local HMO | \$86.00 | \$30.30/\$55.70 | \$15.00 | \$35.00 | \$360 days 1-5/ \$0 6-90 | \$250.00 | Enhanced | H4922 | 008 | \$ 6,700 |
| ElderPlan | ElderPlan Extra Help (HMO) | Local HMO | \$39.30 | \$0.00/\$39.30 | \$0.00 | \$40.00 | ? | \$415.00 | Basic | H3347 | 009 | \$ 6,700 |
| EmblemHealth Medicare HMO | EmblemHealth VIP Essentials (HMO) | Local HMO | \$68.00 | \$36.90/\$31.10 | \$0.00 | \$45.00 | \$370 days 1-5/ \$0 6-90 | \$250.00 | Enhanced | H3330 | 032 | \$ 6,700 |
| EmblemHealth Medicare HMO | EmblemHealth VIP Go (HMO-POS) | Local HMO | \$68.00 | \$37.50/\$30.50 | \$10.00 | \$45.00 | \$360 per stay | \$250.00 | Enhanced | H3330 | 041 | \$ 6,700 |
| EmblemHealth Medicare HMO | EmblemHealth VIP Gold (HMO) | Local HMO | \$238.50 | \$180.70/\$57.80 | \$0.00 | \$25.00 | \$290 days 1-7/ \$0 8-90 | \$200.00 | Enhanced | H3330 | 021 | \$ 6,700 |
| EmblemHealth Medicare HMO | EmblemHealth VIP Gold Plus (HMO) | Local HMO | \$298.00 | \$234/\$64.00 | \$0.00 | \$0.00 | \$195 days 1-10/ \$0 11-90 | \$200.00 | Enhanced | H3330 | 038 | \$ 6,700 |
| EmblemHealth Medicare HMO | EmblemHealth VIP Part B Saver (HMO) | Local HMO | \$0.00 | \$0.00 | \$25.00 | \$50.00 | \$495 days 1-3/ \$0 4-90 | \$415.00 | Enhanced | H3330 | 040 | \$ 6,700 |
| EmblemHealth Medicare HMO | EmblemHealth VIP Rx Saver (HMO) | Local HMO | \$75.00 | \$31.80/\$43.20 | \$5.00 | \$35.00 | \$275 days 1-7/ \$0 8-90 | \$395.00 | Enhanced | H3330 | 039 | \$ 6,700 |
| EmblemHealth Medicare HMO | EmblemHealth VIP Value (HMO) | Local HMO | \$0.00 | \$0.00 | \$15.00 | \$50.00 | \$360 days 1-5/ \$0 6-90 | \$250.00 | Enhanced | H3330 | 036 | \$ 6,700 |
| Empire BlueCross BlueShield | Empire MediBlue Plus (HMO) | Local HMO | \$60.00 | \$.90/\$59.10 | \$15.00 | \$50.00 | \$335 days 1-5/ \$0 6-90 | \$325.00 | Enhanced | H8432 | 009 | \$ 5,900 |
| Empire BlueCross BlueShield | Empire MediBlue Select (HMO) | Local HMO | \$36.00 | \$0.00/\$36.00 | \$10.00 | \$40.00 | \$372 days 1-5/ \$0 6-90 | \$325.00 | Enhanced | H8432 | 016 | \$ 6,700 |

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|-------------------|--|--------------|----------|-----------------|---------|---------|-------------------------------|----------|----------|-------|-----|----------|
| MVP Health Care | Gold PPO with Part D (PPO) | Local PPO | \$110.00 | \$58.70/\$51.30 | \$0.00 | \$50.00 | \$320 days 1-5/ \$0 6-90 | \$0.00 | Enhanced | H9615 | 009 | \$ 5,800 |
| MVP Health Care | Gold Value with Part D (HMO-POS) | Local HMO | \$80.80 | \$45.90/\$34.90 | \$0.00 | \$40.00 | \$335 days 1-5/ \$0 6-90 | \$0.00 | Enhanced | H3305 | 022 | \$ 6,700 |
| MVP Health Care | Preferred Gold with Part D (HMO-POS) | Local HMO | \$120.00 | \$76.20/\$43.80 | \$0.00 | \$30.00 | \$305 days 1-5/ \$0 6-90 | \$0.00 | Enhanced | H3305 | 021 | \$ 4,800 |
| MVP Health Care | WellSelect with Part D (PPO) | Local PPO | \$0.00 | \$0.00/\$0.00 | \$0.00 | \$50.00 | \$350 days 1-5/ \$0 6-90 | \$325.00 | Enhanced | H9615 | 010 | \$ 6,700 |
| United HealthCare | AARP Medicare Complete Plan1 (HMO) | Local HMO | \$0.00 | \$0.00/\$0.00 | \$25.00 | \$50.00 | \$465 days 1-4/ \$0 beyond | \$395.00 | Enhanced | H3307 | 012 | \$ 6,700 |
| United HealthCare | AARP Medicare Complete Plan2 (HMO) | Local HMO | \$72.00 | \$46.30/\$25.70 | \$10.00 | \$40.00 | \$395 days 1-4/ \$0 beyond | \$295.00 | Enhanced | H3307 | 023 | \$ 6,700 |
| United HealthCare | UnitedHealthCare Medicare Complete Choice Plan1 (Regional PPO) | Regional PPO | \$16.00 | \$0.00/\$16.00 | \$10.00 | \$45.00 | \$395 days 1-4/ \$0 beyond | \$350.00 | Enhanced | R5342 | 001 | \$6,700 |
| United HealthCare | UnitedHealthCare Medicare Complete Choice Plan3 (Regional PPO) | Regional PPO | \$46.00 | \$24.80/\$21.20 | \$10 | \$35.00 | \$360 days 1-4/ \$0 beyond | \$275 | Enhanced | R5342 | 005 | \$6,700 |
| United HealthCare | UnitedHealthCare Medicare Complete Choice Plan4 (Regional PPO) | Regional PPO | \$76.00 | \$42.40/\$33.60 | \$5.00 | \$30.00 | \$295 days 1-4/ \$0 beyond | \$150.00 | Enhanced | R5342 | 006 | \$6,700 |
| WellCare | WellCare Preferred (HMO) | Local HMO | \$53.00 | \$45.00/\$8.00 | \$0.00 | \$30.00 | \$295 days 1-6/ \$0 7-90 | \$0.00 | Enhanced | H4868 | 010 | \$6,700 |
| WellCare | WellCare Today's Options Advantage Plus 450A (PPO) | Local PPO | \$118.00 | \$97.10/\$20.90 | \$10.00 | \$35.00 | \$250 days 1-5/ \$0 6-90 | \$0.00 | Enhanced | H2775 | 099 | \$6,700 |
| WellCare | WellCare Today's Options Advantage Plus 750B (PPO) | Local PPO | \$56.00 | \$39.70/\$16.30 | \$15.00 | \$40.00 | \$350 days 1-5/ \$0 6-90 | \$0.00 | Enhanced | H2775 | 100 | \$6,700 |