2021 Side-by-Side Comparison Commercial Plan vs. Medicare Advantage Plan

Benefit	COMMERCIAL	MEDICARE
Plan Summary	An HMO plan whose services are provided through over 3,000 participating physicians with inpatient and emergency care provided at all hospitals in the eight counties of Western New York.	A Medicare Advantage HMO plan whose services are provided through over 3,000 participating physicians with inpatient and emergency care provided at all hospitals in the eight counties of Western New York.
Office Visits	Adult: $10/$20 copayment, Child $0/$20 copayment (Primary/Specialist)	$20 Copayment
Routine Physicals	Covered in full	Covered in full
Well Baby/Child Care	Covered in full up to age 19 according to AAP guidelines	Not Applicable
EKG/EEG	Adult: $10/$20 copayment, Child $0/$20 copayment (Primary/Specialist)	$20 copayment
X-Rays	X-rays Adult: $20 copayment, Child: $0/$20 copayment. Hospital based: $40 copayment.	X-rays (including sonograms), are subject to a $20 copayment regardless of the site of service. The copayment for these services is in addition to any copayment for office services which may apply.
Laboratory	$0 copayment	Covered in full; Genetic Testing has 20% coinsurance
Hospital (Room and Board)	Covered in full for an unlimited number of days when medically necessary.	Covered in full for an unlimited number of days when medically necessary.
Outpatient Procedures	Adult: $10/$20 copayment, Child: $0/$20 for office-based services. Hospital & facility-based: $100 copayment.	$20 copayment for office based services, $75 for hospital, facility based
Emergency Care	$100 copayment at any hospital worldwide.	$65 Copayment; waived if admitted to the hospital. Worldwide coverage.
Ambulance-Ground	$100 copayment when medically necessary	$100 Copayment
Home Health Care	$20 copayment per visit when approved. Up to 40 visits per calendar year.	Covered in full
Skilled Nursing Facility	Covered in full; up to 45 days per calendar year.	Covered in full for up to 100 days per benefit period.
Mental Health Services		
Inpatient	Covered in full for and unlimited number of days when medically necessary.	Covered in full for up to 190 days in a lifetime.
Outpatient	Adult: $10 copayment, Child: $0 copayment.	$40 Copayment
Outpatient Physical, Speech, and Occupational Therapy	$20 copayment per visit; up to 20 visits combined per year.	$20 Copayment
Chiropractic Care	$20 copayment for medically necessary chiropractic care.	$20 Copayment
Vision	$0 copayment for refractive eye exam once every twelve months.	$20 Copayment for Medical Exams and $0 Copayment for Routine Eye Exams, once per year
Diabetic Supplies	Diabetic durable medical equipment; $10 copayment; requires preauthorization. Diabetic supplies up to 90 day supply, $10 copayment per item. Diabetic supplies/drugs will be covered in accordance with drug formulary, subject to the lesser of the pharmacy member liability or office visit copayment.	Diabetic equipment copayment is covered in full. Requires pre-authorization. Diabetic supplies, including blood glucose test strips and lancets, up to a 30 day supply, are covered in full.
Durable Medical Equipment	50% for standard durable medical equipment when authorized and arranged.	20% for standard durable medical equipment when authorized and arranged.
Shoe Inserts	Covered in full	Covered in full
Prosthetics and Appliances.	20% coinsurance for Prosthetics and Appliances	20% coinsurance for Prosthetics and Appliances.
Hospice Service	Covered in full.	Covered in full with Medicare approved Hospice.
Dependent Coverage	Dependent Children up to age 26.	Not Applicable
Prescription Drugs	$5 copayment Tier I Adults, $0 Children, most generic drugs/$30 copayment Tier II, most preferred brand name drugs/$60 copayment Tier III, all other drugs. Tier I oral contraceptives covered in full. Covered up to a 30 day supply for prescriptions (including insulin) when written by a participating physician and filled at a participating pharmacy. Prescriptions are filled in accordance with Independent Health's tiered drug formulary. Mail Order, up to 90-day supply for two and a half copayments	Tier 1 - Preferred Generic = $0 Copayment Tier 2 - Generic = $15 Copayment Tier 3 - Preferred Brand Drug = $30 Copayment Tier 4 - Non-Preferred Drug = $50 Copayment Tier 5 - Specialty Tier = $50 Copayment 90 supply of Tier 1-4 drugs are available via mail order for 2.5x the 30 day copayment.