New York State 2022 Medicare Advantage, and Cost Plans

Data as of September 1, 2021.

Notes: Data are subject to change as contracts are finalized.

* Indicates plan does not offer Part D drug coverage.

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. N/A is defined as Not Applicable

Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Coverage in the Gap	Drug Benefit Type Detail	Contract ID	Plan ID	In-network MOOP Amount **
Aetna Medicare	Aetna Medicare Credit Plan (PPO)	Local PPO	$ -	$ 350.00	Enhanced	Yes	EA	H5521	313	$ 7,550
Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	$ -					H5521	323	$ 7,550
Aetna Medicare	Aetna Medicare Credit Plan (PPO)	Local PPO	$ -	$ 350.00	Enhanced	Yes	EA	H5521	313	$ 7,550
Aetna Medicare	Aetna Medicare Discover Value Plan (PPO)	Local PPO	$ 25.00	$ 300.00	Enhanced	Yes	EA	H5521	340	$ 7,550
Aetna Medicare	Aetna Medicare Eagle Plan (PPO)	Local PPO *	$ -					H5521	323	$ 7,550
Aetna Medicare	Aetna Medicare Premier Plan (PPO)	Local PPO	$ -	$ 250.00	Enhanced	Yes	EA	H5521	077	$ 7,550
Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	$ -	$ -	Enhanced	Yes	EA	H3312	048	$ 7,550
Excellus Health Plan, Inc	Medicare BlueActive (PPO)	Local PPO	$ -	$ 350.00	Enhanced	No	EA	H3335	055	$ 7,550
Excellus Health Plan, Inc	Medicare BlueBasic (PPO)	Local PPO *	$ -					H3335	043	$ 4,500
Excellus Health Plan, Inc	Medicare BlueClassic (PPO)	Local PPO	$ 38.00	$ -	Enhanced	No	EA	H3335	038	$ 7,200
Excellus Health Plan, Inc	Medicare BlueEnhanced (PPO)	Local PPO	$ 124.00	$ -	Enhanced	No	EA	H3335	015	$ 5,000
Excellus Health Plan, Inc	Medicare BlueEssential (PPO)	Local PPO	$ -	$ 150.00	Enhanced	No	EA	H3335	053	$ 7,550
Excellus Health Plan, Inc	Medicare BlueSecure (PPO)	Local PPO	$ 92.00	$ -	Enhanced	No	EA	H3335	014	$ 6,700
Humana	Humana Gold Plus H3533-001 (HMO)	Local HMO	$ -	$ 350.00	Enhanced	No	EA	H3533	001	$ 7,200
Humana	Humana Gold Plus H3533-013 (HMO)	Local HMO	$ 26.00	$ 275.00	Enhanced	No	EA	H3533	013	$ 6,700
Humana	Humana Honor (PPO)	Local PPO *	$ -					H5970	016	$ 4,500
Humana	HumanaChoice H5970-015 (PPO)	Local PPO	$ -	$ 250.00	Enhanced	No	EA	H5970	015	$ 4,900
Humana	HumanaChoice H5970-018 (PPO)	Local PPO	$ -	$ 310.00	Enhanced	No	EA	H5970	018	$ 4,800
Humana	HumanaChoice H5970-019 (PPO)	Local PPO	$ 24.00	$ -	Enhanced	No	EA	H5970	019	$ 4,500
MVP HEALTH CARE	MVP Medicare Patriot Plan with Part D (PPO)	Local PPO	$ 45.00	$ 250.00	Enhanced	No	EA	H9615	014	$ 7,550
MVP HEALTH CARE	MVP Medicare Preferred Gold with Part D (HMO-POS)	Local HMO	$ 140.00	$ -	Enhanced	Yes	EA	H3305	021	$ 5,800
MVP HEALTH CARE	MVP Medicare Preferred Gold without Part D (HMO-POS)	Local HMO *	$ 62.00					H3305	020	$ 7,550
MVP HEALTH CARE	MVP Medicare Secure Plus with Part D (HMO-POS)	Local HMO	$ 90.00	$ -	Enhanced	Yes	EA	H3305	022	$ 7,550
MVP HEALTH CARE	MVP Medicare Secure with Part D (HMO-POS)	Local HMO	$ 40.00	$ 150.00	Enhanced	No	EA	H3305	032	$ 7,550
MVP HEALTH CARE	MVP Medicare WellSelect Plus with Part D (PPO)	Local PPO	$ 125.00	$ -	Enhanced	Yes	EA	H9615	007	$ 6,500
MVP HEALTH CARE	MVP Medicare WellSelect with Part D (PPO)	Local PPO	$ -	$ 300.00	Enhanced	No	EA	H9615	008	$ 7,550
MVP HEALTH CARE	MVP SmartFund (MSA)	MSA *						H5613	002	$ -
UnitedHealthcare	UnitedHealthcare Medicare Advantage Choice Plan 1 (Regional PPO)	Regional PPO	$ 16.00	$ 300.00	Enhanced	Yes	EA	R5342	001	$ 7,200
UnitedHealthcare	UnitedHealthcare Medicare Advantage Choice Plan 3 (Regional PPO)	Regional PPO	$ 46.00	$ 250.00	Enhanced	Yes	EA	R5342	005	$ 6,900
UnitedHealthcare	UnitedHealthcare Medicare Advantage Choice Plan 4 (Regional PPO)	Regional PPO	$ 84.00	$ 150.00	Enhanced	Yes	EA	R5342	006	$ 6,700
UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (Regional PPO)	Regional PPO *	$ -					R5342	002	$ 6,700
Wellcare	Wellcare Advantage No Premium (PFFS)	PFFS *	$ -					H2816	038	$ -
Wellcare	Wellcare Advantage Premium Enhanced (PFFS)	PFFS *	$ 62.00					H2816	037	$ -
Wellcare	Wellcare Assist Open (PPO)	Local PPO	$ 30.70	$ 480.00	Enhanced	No	EA	H2775	113	$ 6,700
Wellcare	Wellcare Giveback Open (PPO)	Local PPO	$ -	$ 325.00	Enhanced	Yes	EA	H2775	111	$ 7,550
Wellcare	Wellcare No Premium Open (PPO)	Local PPO	$ -	$ -	Enhanced	Yes	EA	H2775	106	$ 6,700
Wellcare	Wellcare Premium Enhanced (PFFS)	PFFS	$ 55.00	$ -	Enhanced	No	EA	H2816	019	$ -
Wellcare	Wellcare Premium Ultra (PFFS)	PFFS	$ 156.00	$ -	Enhanced	No	EA	H2816	013	$ -
Wellcare	Wellcare Premium Ultra Open (PPO)	Local PPO	$ 121.00	$ -	Enhanced	No	EA	H2775	105	$ 3,400
Wellcare by Fidelis Care	Wellcare Fidelis Assist (HMO-POS)	Local HMO	$ 17.10	$ 480.00	Enhanced	No	EA	H5599	002	$ 7,550
Wellcare by Fidelis Care	Wellcare Fidelis No Premium (HMO)	Local HMO	$ -	$ -	Enhanced	No	EA	H5599	004	$ 7,550
Wellcare by Fidelis Care	Wellcare Fidelis Patriot No Premium (HMO-POS)	Local HMO *	$ -					H5599	005	$ 7,550