

Cattaraugus County 2026 Medicare Advantage Marketing Comparison

Eff. 1/1/026	Independent Health - Self-Funded (same as actives)		AETNA	
Current vs Proposed	Current Plan Design		Proposed Plan Mirror	
Plan Name	Self-Funded Health Plan		Extended Services Plan (ESA) Passive PPO Plan	
Benefits	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Deductible				
Individual	\$0	\$300	\$0	
Coinsurance	N/A	Deductible then 30%	N/A	
Out-of-Pocket Maximum				
Individual	\$1,500 INN and OON		\$1,500 INN and OON	
Prescription Drugs	30-day supply		30-day supply	
Copay Structure	\$10/\$10/\$30/\$30/\$60		\$9/\$30/\$60	
Mail Order	2x Copay (90 Days Supply)	Not Covered	2x Retail Copay	
Deductible	\$0	\$0	\$0	
Coverage Gap/Donut Hole	No		No	
Benefit Maximum	\$1,500 then CIF		\$1,500 then CIF	
Physician Services				
Primary Doctor	\$20 Copayment	Deductible then 30%	\$20 Copayment	
Specialist Office Visit	\$20 Copayment	Deductible then 30%	\$20 Copayment	
Telemedicine	\$20 Copayment	Deductible then 30%	\$0-\$20 based on services rendered	
Radiation Therapy	\$15 Copayment	Deductible then 30%	\$0 Copayment	
Hospital Services				
Inpatient Hospital Stay	\$35 Copayment	Deductible then 30%	\$25 Copayment	
Physician Visits in Hospital	\$0 Copayment	Deductible then 30%	\$0 Copayment	
Outpatient Surgery	\$20 Copayment	Deductible then 30%	\$20 Copayment	
Emergency Services				
Emergency Room	\$150 Copayment		\$140 Copayment	
Freestanding Urgent Care Center	\$20 Copayment		\$20 Copayment	
Ambulance	\$35 Copayment		\$35 Copayment	
Hospital - Outpatient Services				
Diagnostic X-rays	\$10 Copayment	Deductible then 30%	\$10 Copayment	
Diagnostic Laboratory Pathology	\$10 Copayment	Deductible then 30%	\$0 Copayment	
Advanced Radiology (MRI, MRA, PET and CT)	\$20 Copayment	Deductible then 30%	\$20 Copayment	
Preventive Healthcare Services				
Adult Routine Physicals	Covered in Full		Covered in Full	
Adult Immunizations	Covered in Full		Covered in Full	
Bone Mass Measurement	Covered in Full		Covered in Full	
Colorectal Screening Exams	Covered in Full		Covered in Full	
Mammography	Covered in Full		Covered in Full	
Pap Smear	Covered in Full		Covered in Full	
Routine GYN Exam	Covered in Full		Covered in Full	
Prostate Cancer Screening	Covered in Full		Covered in Full	
Mental Health & Chemical Dependence				
Inpatient Mental Health (190 day lifetime limit)	\$35 Copayment	Deductible then 30%	\$25 Copayment	
Outpatient Mental Health	\$20 Copayment	Deductible then 30%	\$20 Copayment	
Alcohol Substance Abuse Inpatient	\$35 Copayment	Deductible then 30%	\$25 Copayment	
Alcohol Substance Abuse Outpatient	\$20 Copayment	Deductible then 30%	\$20 Copayment	
Other Services				
Outpatient Physical, Speech, & Occupational Therapy	\$15 Copayment	Deductible then 30%	\$15 Copayment	
Skilled Nursing Facility (days 1-100)	\$0 Copayment	Deductible then 30%	\$0 Copayment, 100 Days	
Home Health Care	\$15 Copayment	Deductible then 30%	\$0 Copayment	
Chiropractic (Medicare Covered)	\$10 Copayment	Deductible then 30%	\$10 Copayment	
Durable Medical Equipment	30% Coinsurance	Deductible then 30%	4% Coinsurance	
Additional Benefits				
Dental Coverage (Preventative & Routine)	Not Covered		Aetna Standard ESA Plan	
Gym Membership	Not Covered		\$0 (Silver Sneakers)	
Routine Vision Exam	Not Covered		\$0 Copayment, 1x per year	
Corrective Lenses & Frames	Not Covered		\$250 Allowance	
Hearing Aids	Discount program through Start Hearing, Inc.		\$1,000 Allowance	
Pricing				
Costs/Rates per Month	\$795		\$329.34	
Enrollment	651		651	