

### EVERY LIFESTYLE. EVERY BUDGET.

We have a plan for you. Everybody benefits.

**Excellus BlueCross BlueShield Medicare Advantage Prescription Drug Plans** 



# A Medicare plan that comes with confidence

Having the best benefits means nothing without the network to back them up. Ours is built on nearly 90 years of proven strength and stability serving your community, and comes with the support of a local, caring team that's always here when you need it.



#### Local

All plans offer a robust network of doctors, hospitals, and pharmacies, allowing you to receive care from the providers you already know and trust. In the New York counties we serve, **we offer the confidence of 100% hospital participation.** 



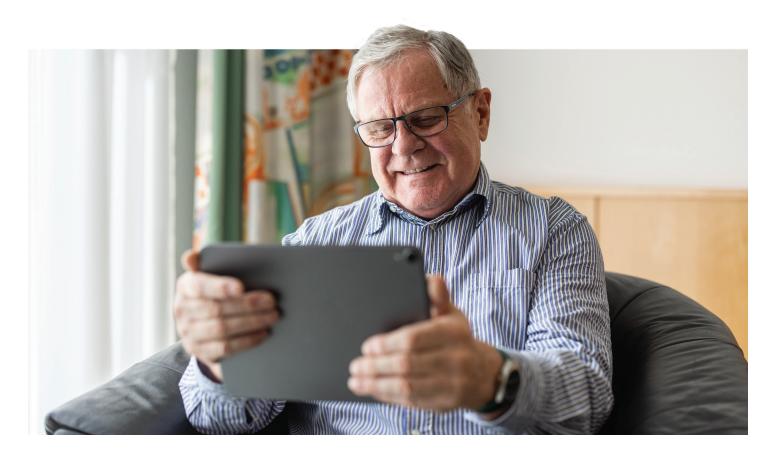
#### **National**

- HMO-POS Plans If you find yourself traveling out of our network, you still have the freedom to receive covered services from other doctors and hospitals without having to pay the full cost.
- PPO Plans The most flexible of our plan types, PPO members have access to our BlueCard® program, a national provider network that spans more than 2,500 counties, 48 states, and two territories in 2023.



#### Worldwide

Enjoy peace of mind if you travel abroad, with worldwide coverage for urgent and emergency care included on every plan.



### Care you can count on

Getting sick or needing care doesn't always happen when it's convenient. That's why we make it easy to get the support you deserve when and where you need it.



### Telehealth for Medical and Behavioral Health:

Connect with a doctor, therapist, or psychiatrist to receive care from anywhere through your phone, tablet, or computer.



#### 24/7 Nurse Care Line:

Our specially trained registered nurses are available by phone 24/7 to answer your general questions and provide support for chronic or complex health conditions.



#### Wellframe® App:

Get instant access to care managers, dietitians, nurses, and other health care professionals that can help you meet your health and wellness goals, all for free.

Rochester	PP0	НМО	
	Medicare Blue Choice® Access	Medicare Blue Choice® Extra	Medicare Blue Choice® Select
Premium	<b>\$14.40</b> with a \$500 Flex Card	<b>\$0</b> with a \$31 Part B Refund	\$0
Primary Care Physician (PCP)	<b>\$5</b> <b>\$20</b> (OON)	\$10	\$10
Specialist	\$35		\$45
	<b>\$50</b> (OON)	\$50	
Laboratory Services (Routine/Diagnostic)	\$0/\$3	40.00	\$0
	<b>30%</b> (OON)	<b>\$0/\$15</b>	
X-Rays	\$55	\$55	\$55
	<b>\$70</b> (OON)	900	
Diagnostic Imaging (CAT/MRI/MRA)	\$300	\$300	\$250
	<b>30%</b> (OON)	Ψ300	
Ambulance	\$260	\$260	\$250
Inpatient Hospital Care	Days 1-5 <b>\$375 Per Day</b> Day 6+ Fully Covered	Days 1-5 <b>\$400 Per Day</b>	Days 1-5 <b>\$395 Per Day</b> Day 6+ Fully Covered
	Days 1-28 <b>\$435 Per Day</b> Day 29+ Fully Covered (OON)	Day 6+ Fully Covered	
Outpatient Hospital/ Ambulatory Surgery/ Observation Stay	\$300	\$380	\$390
	<b>30%</b> (OON)	φ3ου	
Maximum Out-of-Pocket*	\$7,900	<b>#7</b> 000	\$7,900
	\$11,700 (combined IN and OON)	\$7,900	
Part D Prescriptions** Preferred Rx Standard Rx Deductible	Tiers 1/2/3/4/5 <b>\$0/\$12/\$42/\$95/27%</b> \$5/\$17/\$47/\$100/27% <i>\$350 (Tiers 3-5)</i>	Tiers 1/2/3/4/5 <b>\$0/\$15/\$42/21%/27%</b> \$5/\$20/\$47/21%/27% <i>\$400 (Tiers 3-5)</i>	Tiers 1/2/3/4/5 <b>\$0/\$15/\$42/\$95/27%</b> \$5/\$20/\$47/\$100/27% <i>\$380 (Tiers 3-5)</i>

00N = Out-of-network

<sup>\*</sup>Applies to medical benefits. Excludes Part D. \*\*30-day supply.

HMO-POS					
Medicare Blue Choice* Advanced	Medicare Blue Choice* Value Plus	Medicare Blue Choice® Optimum			
\$32.40	\$66.40	\$203.40			
\$5	\$0	\$0			
<b>30%</b> (OON)	<b>30%</b> (OON)	<b>30%</b> (OON)			
\$40	\$30	\$30			
<b>30%</b> (OON)	<b>30%</b> (OON)	<b>30%</b> (OON)			
\$0/\$10	\$0/\$4	\$0			
<b>30%</b> (OON)	<b>30%</b> (OON)	<b>30%</b> (OON)			
\$50	\$50	\$40			
<b>30%</b> (OON)	<b>30%</b> (OON)	<b>30%</b> (OON)			
\$250	\$175	\$150			
<b>30%</b> (OON)	<b>30%</b> (OON)	<b>30%</b> (OON)			
\$225	\$200	\$150			
Days 1-5 <b>\$360 Per Day</b> Day 6+ Fully Covered	Days 1-5 <b>\$310 Per Day</b> Day 6+ Fully Covered	Days 1-5 <b>\$285 Per Day</b> Day 6+ Fully Covered			
<b>30%</b> (OON)	<b>30%</b> (OON)	<b>30%</b> (OON)			
\$350	\$300	\$250			
<b>30%</b> (OON)	<b>30%</b> (OON)	<b>30%</b> (OON)			
\$7,200	\$6,700	\$6,700			
Tiers 1/2/3/4/5 <b>\$0/\$15/\$42/\$95/28%</b> \$5/\$20/\$47/\$100/28% <i>\$300 (Tiers 3-5)</i>	Tiers 1/2/3/4/5 <b>\$0/\$15/\$42/\$95/33%</b> \$5/\$20/\$47/\$100/33% <i>No Deductible</i>	Tiers 1/2/3/4/5 <b>\$0/\$12/\$42/\$95/33%</b> \$5/\$17/\$47/\$100/33% <i>No Deductible</i>			

HMO-POS plans provide out-of-network coverage. Members pay 30% out-of-network for these plans. Coverage limit of \$3,000 per year.

## A more comprehensive approach to Medicare

When Medicare plans make it possible to customize a unique mix of coverage, everybody benefits. **That's why all of our plans include the following extras and allowances:** 

#### **FREE FEATURES**



**\$0 PREVENTIVE DENTAL** — Covers 100% of preventive dental services - which includes 2 cleanings, 2 oral exams and 2 bitewing x-rays per year - all for no copay.



**\$0 TIER 1 GENERIC DRUGS** – A \$0 copay makes generic medications more affordable and convenient when purchased at a preferred pharmacy.



**\$0 PREVENTIVE VACCINES** — Includes flu, pneumonia, COVID-19 vaccines, and the shingles vaccine, SHINGRIX.



**\$0 HEARING EXAMS** — Annual routine hearing exams from a TruHearing® provider are covered for a \$0 copay.



**\$0 PREVENTIVE CARE SERVICES** — Includes annual wellness visits, prostate cancer screenings, cervical cancer screenings, colorectal cancer screenings, mammograms, diabetes, and more.



**\$0 FITNESS MEMBERSHIP** – Receive an annual fitness center membership at a Silver&Fit® facility at no charge.

#### **SAVINGS OPPORTUNITIES**



**90-DAY PRESCRIPTION SUPPLY\*** — Only pay two copays for a three-month supply at most retail pharmacies, or through mail order from Express Scripts or Wegmans.



**HEARING AIDS** – Care is more affordable and accessible for all with hearing aid costs of \$499 (advanced) and \$799 (premium) when ordered through TruHearing®.



**PART B DIABETIC MONITORING SUPPLIES** — Obtain \$5\*\* Part B diabetic monitoring supplies including glucose monitors, test strips, and more.

<sup>\*</sup>Applies to prescription drugs in Tier 1 through Tier 4.

<sup>\*\*</sup>When purchased from a preferred manufacturer.

<sup>\*\*\*</sup>Receive 14 meals for seven days after a hospital observation, inpatient acute stay, or skilled nursing facility stay.

#### **EXTRA ALLOWANCES**



**COMPREHENSIVE DENTAL** — Covers more extensive dental services like restorative care or major procedures such as dentures and select crowns, up to a \$1,000 annual allowance.



**OVER-THE-COUNTER (OTC) ITEMS** — Receive up to \$50 a quarter to spend on over-the-counter health and wellness items. Hundreds of common non-prescription items such as aspirin, vitamins, cold and cough medications, bandages, and more, ordered and delivered straight to your door.



**EYEWEAR** – Receive an eyewear allowance of up to \$275 a year to use toward contact lenses and eyeglasses.

Allowance Amounts	Comprehensive Dental (Annual)	OTC (Quarterly)	Eyewear (Annual)
Medicare Blue Choice® Access (PPO)	\$1,000	\$30	\$200
Medicare Blue Choice® Extra (HMO)	\$1,000	\$30	\$125
Medicare Blue Choice® Select (HMO)	\$1,000	\$50	\$125
Medicare Blue Choice® Advanced (HMO-POS)	\$1,000	\$30	\$150
Medicare Blue Choice® Value Plus (HMO-POS)	\$1,000	\$50	\$225
Medicare Blue Choice® Optimum (HMO-POS)	\$1,000	\$50	\$275

#### **Additional value-add benefits**

Aside from the services and benefits that are built into all of our MAPD plans, others stretch your dollars even further with more unique extras.

#### **FLEX CARD**

Receive \$500 annually to use toward dental, vision, and hearing services that may not be covered by your plan.

New in 2024: Earn up to \$100 of additional funds on your flex card for completing certain plan-determined healthy activities.

Available on:

Medicare Blue Choice® Access (PPO)

#### **MOM'S MEALS®**

Get healthy and balanced meals delivered to your home while you're recovering from a medical event or procedure.\*\*\*

#### Available on:

Medicare Blue Choice® Advanced (HMO-POS)

Medicare Blue Choice® Value Plus (HMO-POS)

Medicare Blue Choice® Optimum (HMO-POS)

#### **TRANSPORTATION**

Get 12 one-way rides per year (50-mile limit per ride) to health-related locations.

Available on:

Medicare Blue Choice® Value Plus (HMO-POS)

Medicare Blue Choice® Optimum (HMO-POS)

## When personalized guidance is always within reach, everybody benefits.

Have a question? We're always here to help. Call your local Medicare Customer Care Advocate today.



1-877-883-9577 (TTY: 711)

October 1 through March 31: 8 a.m. to 8 p.m., seven days a week April 1 through September 30: 8 a.m. to 8 p.m., Monday - Friday



MyExcellusMedicare.com/PlanInfo



Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association. Excellus BlueCross BlueShield is an HMO and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal. SafeRide® is an independent company, offering transportation services in the Excellus BCBS service area.

Mom's Meals® is an independent company providing home delivered meals and nutritional services to Excellus BCBS members. TruHearing® is an independent company that offers hearing products and services to Excellus BCBS members. The Silver&Fit® Healthy Aging and Exercise Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). ASH is an independent company that offers these services on behalf of Excellus BlueCross BlueShield. All programs and services are not available in all areas. Silver&Fit is a federally registered trademark of ASH. Dollar amounts listed for various benefits are applicable to providers within our network unless otherwise noted. Dollar amounts listed for various benefits are applicable to providers within our network unless otherwise noted. Out-of-network/noncontracted providers are under no obligation to treat Excellus BlueCross BlueShield members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. You must continue to pay Medicare Part B premium. Please check the Summary of Benefits for plan details. Excellus BlueCross BlueShield complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 711). 注意: 如果您使用繁體中文,您可以免費獲得

Y0028\_9599\_M A11Y\_CRG\_092023 B-5159Y24/ 18168-23MED