Plan Transfer Form

Excellus

B-4141 East Region-PPO Y19

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Excellus

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Attn: Medicare Enrollment Processing
PO Box 211316, Eagan, MN 55121
Phone: 1-877- 883-9577
TTY: 1-800- 421-1220

2019

Monday – Friday, 8 a.m. – 8 p.m.
From October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week

Name of the Plan You are Enrolling In:

☐ Medicare BluePlus (PPO) $157.40/month ☐ Medicare BlueBasic (PPO) $83/month

Name:	**Member Number:**
Home Phone Number:	
Permanent Street Address (P.O. Box is not allowed)	

City:	County:	State:	ZIP Code:

Mailing Address (only if different from your Permanent Street Address):

Street Address: City: State: ZIP Code:

Please fill out the following:

I am currently a member of the_____ plan in Excellus BlueCross BlueShield with a monthly premium of $_____ .

Please check below if you would prefer us to send you information in a language other than English or in an accessible format:

☐ Language (call for availability)
☐ Accessible Formats (call for availability)

Please call us at 1-877-883-9577 (TTY users call 1-800-421-1220). Our office hours are Monday through Friday, 8 a.m. to 8 p.m.; From October 1-March 31, representatives are available to assist you 7 days a week, from 8 a.m. to 8 p.m.

Excellus BlueCross BlueShield contracts with the federal government and is a PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the Railroad Retirement Board. DO NOT pay Excellus BlueCross BlueShield the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

☐ **Get a bill**

☐ **Electronic Funds Transfer (EFT)**. Please enclose a VOIDED check with this application.

☐ **Automatic deduction from your monthly Social Security or RRB benefit check**.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please Read This Important Information

Please Read and Sign Below:

Excellus BlueCross BlueShield is a plan that has a contract with the Federal government.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Excellus BlueCross BlueShield, he/she may be paid based on my enrollment in Excellus BlueCross BlueShield.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Excellus BlueCross BlueShield will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that people with Medicare aren't covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Excellus BlueCross BlueShield coverage begins, I must get all of my health care from Excellus BlueCross BlueShield, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Excellus BlueCross BlueShield and other services contained in my Excellus BlueCross BlueShield Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR EXCELLUS BLUECROSS BLUESHIELD WILL PAY FOR THE SERVICES.**

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:	**Today's Date:**

If you are the authorized representative, you must sign above and provide the following information:
Name : _____
Address: _____
Phone Number: (___) ____- _____
Relationship to Enrollee _____

Office Use Only:
Name of the staff member/agent/broker (if assisted in enrollment):_____
Plan ID#:_____
Effective Date of Coverage:_____
ICEP/IEP:_____AEP/MA OEP:_____SEP(type):_____Not Eligible:_____
Member ID#:_____
Group #:_____ Subgroup #_____

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me.
  I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S.
  I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).
  I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Excellus BlueCross BlueShield at 1-800-659-1986 (TTY users should call 1-800-421-1220) to see if you are eligible to enroll. We are open Monday - Friday, 8:00 a.m. - 8:00 p.m. From October 1 - March 31, 8:00 a.m. - 8:00 p.m., 7 days a week.

Excellus Health Plan, Inc - H3335

2019 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.

2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, Excellus Health Plan, Inc received the following Overall Star Rating from Medicare.

4 Stars

We received the following Summary Star Rating for Excellus Health Plan, Inc's health/drug plan services:

Health Plan Services:	4 Stars
Drug Plan Services:	5 Stars

The number of stars shows how well our plan performs.

	5 stars - excellent
	4 stars - above average
	3 stars - average
	2 stars - below average
	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 800-659-1986 (toll-free) or 800-421-1220 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 877-883-9577 (toll-free) or 800-421-1220 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

H3335_5362_0 Accepted

Our Health Plan 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 1-800-659-1986 (TTY: 1-800-421-1220).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-659-1986 (TTY：1-800-421-1220)。

Excellus

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2019 SUMMARY OF BENEFITS
January 1, 2019 – December 31, 2019

Medicare BlueBasic (PPO)(H3335-044)
Medicare BluePlus (PPO)(H3335-018)

This is a summary of drug and health services covered by Excellus BlueCross BlueShield.

Excellus BlueCross BlueShield contracts with the Federal Government and is a PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling us at the telephone numbers on the next page.

To join **Medicare BlueBasic (PPO)** and **Medicare BluePlus (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York: Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Montgomery, and Otsego.

Medicare BlueBasic (PPO) and **Medicare BluePlus (PPO)** have a network of doctors, hospitals, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can use providers that are not in our network.

Medicare BluePlus (PPO) also has a network of pharmacies. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

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Out-of-network/non-contracted 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.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print.

This information is not a complete description of benefits. Call us at one of the phone numbers listed below for more information.

If you are a member of one of these plans: Call toll-free at 1-877-883-9577 (TTY users call 1-800-421-1220).

If you are not a member of one of these plans: Call toll-free at 1-800-659-1986 (TTY users call 1-800-421-1220).

From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

You can also visit us at www.ExcellusMedicare.com.

You can see our plan's provider/pharmacy directory at our website at www.ExcellusMedicare.com/Providers.
Or, call us and we will send you a copy of the provider/pharmacy directory.

For Medicare BlueBasic (PPO): We cover Part B drugs such as chemotherapy and some drugs administered by your provider.

For Medicare BluePlus (PPO): We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.ExcellusMedicare.com/Formulary. Or, call us and we will send you a copy of our formulary.

This information is not a complete description of benefits. Call 1-800-659-1986 (TTY users call 1-800-421-1220) for more information.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Monthly Plan Premium	You pay $83 per month.	You pay $157.40 per month.	You must continue to pay your Medicare Part B premium.
Deductible	This plan does not have a deductible.	$410 per year for Part D prescription drugs. This plan does not have a medical deductible.	
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$6,700 for medical services you receive from In-Network providers. $10,000 for medical services from In-Network and Out-of-Network providers combined.	$6,700 for medical services you receive from In-Network providers. $10,000 for medical services from In-Network and Out-of-Network providers combined.	The most you pay for copayments and coinsurance for medical services for the year.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Inpatient Hospital Coverage	**In-Network:** You pay $325 copayment per day for days 1 through 5. Thereafter, you pay $0 copayment for additional Medicare-covered days during your hospital admission. **Out-of-Network:** You pay 30% coinsurance per stay.	**In-Network:** You pay $360 copayment per day for days 1 through 5. Thereafter, you pay $0 copayment for additional Medicare-covered days during your hospital admission. **Out-of-Network:** You pay 30% coinsurance per stay.	Prior Authorization is required. Our plan covers an unlimited number of days for an inpatient hospital stay. Benefit applied per admission.
Outpatient Hospital Coverage	**In-Network:** You pay $300 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization is required.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Doctor Visits			
Primary	**In-Network:** You pay $5 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $5 copayment. **Out-of-Network:** You pay 30% coinsurance.	
Specialists	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $50 copayment. **Out-of-Network:** You pay 30% coinsurance.	
Preventive Care	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay $0 copayment or 30% coinsurance depending on the service.	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay $0 copayment or 30% coinsurance depending on the service.	See the Evidence of Coverage for a list of covered preventive services. If you are treated for a new or existing medical condition during a visit where a preventive screening is performed, an office visit copayment or coinsurance will apply to the care received for the new or existing medical condition.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Preventive Care *(Continued)*			Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay $90 copayment.	You pay $90 copayment.	If you are admitted to the hospital within 23 hours, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	You pay $40 copayment.	You pay $40 copayment.	
Diagnostic Services/Labs/ Imaging			
Diagnostic Radiology Service *(e.g., MRI, scans)*	**In-Network:** You pay $150 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization is required for some services. Contact us for more information.
Lab Services Diagnostics	**In-Network:** You pay $15 copayment. **Out-of-Network:** You pay 30% coinsurance	**In-Network:** You pay $20 copayment. **Out-of-Network:** You pay 30% coinsurance.	

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Diagnostic Services/Labs/ Imaging *(Continued)*			
Diagnostic Tests and Procedures	**In-Network:** You pay $15 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $20 copayment. **Out-of-Network:** You pay 30% coinsurance.	
X-Rays	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $50 copayment. **Out-of-Network:** You pay 30% coinsurance.	
Therapeutic Radiology (such as radiation treatment for cancer)	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Hearing Services			
Diagnostic / Treatment Exam	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $50 copayment. **Out-of-Network:** You pay 30% coinsurance.	
Routine Hearing Exam	**In-Network:** You pay $45 copayment. **Out-of-Network:** You pay $75 copayment.	**In-Network:** You pay $45 copayment. **Out-of-Network:** You pay $75 copayment.	One routine hearing exam each year. You must see a TruHearing provider to receive in-network benefits. This copayment not included in the Out-of-Pocket Maximum.
Hearing Aid	**In-Network & Out-of-Network:** $699 copay per aid for Advanced Aids. $999 copay per aid for Premium Aids. You must see a TruHearing provider to use this benefit.	**In-Network & Out-of-Network:** $699 copay per aid for Advanced Aids. $999 copay per aid for Premium Aids. You must see a TruHearing provider to use this benefit.	From TruHearing Providers only. This copayment not included in the Out-of-Pocket Maximum.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Dental Services	**Medicare covered limited dental services** (this does not include routine services in connection with care, treatment, filling, removal, or replacement of teeth): **In-Network:** You pay $40 copayment. **Out-of-Network:** You pay $60 copayment. **Preventive dental services not covered.**	**Medicare covered limited dental services** (this does not include routine services in connection with care, treatment, filling, removal, or replacement of teeth): **In-Network:** You pay $50 copayment **Out-of-Network:** You pay $60 copayment. **Preventive dental services not covered.**	Medicare only covers certain limited dental procedures under specific conditions.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Vision Services			
Diagnostic / Treatment Exam	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay 30% coinsurance.	
Routine Eye Exam	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay 30% coinsurance.	One routine eye exam each year.
Eyeglasses or Contacts after Cataract Surgery	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $50 copayment. **Out-of-Network:** You pay 30% coinsurance.	
Routine Eyewear	Not Covered.	Not Covered.	

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Mental Health Services			
Inpatient Visit	**In-Network:** You pay $324 copayment per day for days 1 through 5. Thereafter, you pay $0 copayment for additional Medicare-covered days during your hospital admission. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $315 copayment per day for days 1 through 5. Thereafter, you pay $0 copayment for additional Medicare-covered days during your hospital admission. **Out-of-Network:** You pay 30% coinsurance.	For Inpatient Mental Health Services, prior authorization is required. Benefit is applied per admission. Covers up to 190 days in a lifetime for inpatient mental health care at a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital. See the Evidence of Coverage for more information.
Individual and Group Outpatient Therapy Visit	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization may be required for some services.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Skilled Nursing Facility	**In-Network:** You pay $0 copayment for days 1 through 20. You pay a $172 copayment per day for days 21 through 100. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $0 copayment for days 1 through 20. You pay a $172 copayment per day for days 21 through 100. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization is required. We cover up to 100 days in a Skilled Nursing Facility.
Physical Therapy	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization may be required.
Ambulance	You pay $200 copayment.	You pay $250 copayment.	Prior Authorization may be required.
Transportation	Not Covered.	Not Covered.	
Medicare Part B Drugs	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization is required.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Medicare Part D Prescription Drugs			
Phase 1: Initial Coverage (After you pay your deductible, if applicable).	Not Covered.	$410 deductible on all drugs listed in all Tiers.	Cost-sharing may change depending on the pharmacy you choose and what phase of the Part D benefit you are in. For more information please call us or access our Evidence of Coverage online.
Tier 1: Preferred Generic	Not Covered.	**Retail** 30-day supply: You pay $4 **Mail Order** 90-day supply: You pay $8	
Tier 2: Generic	Not Covered.	**Retail** 30-day supply: You pay $20 **Mail Order** 90-day supply: You pay $40	

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Phase 1: Initial Coverage *(Continued)* **Tier 3**: Preferred Brand	Not Covered.	**Retail** 30-day supply: You pay $45 **Mail Order** 90-day supply: You pay $90	
Tier 4: Non-Preferred Drug	Not Covered.	**Retail** 30-day supply: You pay $95 **Mail Order** 90-day supply: You pay $190	
Tier 5: Specialty	Not Covered.	**Retail** 30-day supply: You pay 25% coinsurance. **Mail Order** 90-day supply: You pay 25% coinsurance.	

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Additional Benefits			
Rehabilitation Services			
Occupational Therapy Visit	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization may be required.
Speech and Language Therapy Visit	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization may be required.
Cardiac Rehabilitation Services	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $50 copayment. **Out-of-Network:** You pay 30% coinsurance.	
Foot Care (Podiatry Services)			
Diagnostic Exams and Treatment	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $50 copayment. **Out-of-Network:** You pay 30% coinsurance.	

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Foot Care (Podiatry Services) *(Continued)*			
Routine Foot Care	**In-Network:** You pay $40 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $50 copayment. **Out-of-Network:** You pay 30% coinsurance.	Foot exams and treatment are covered if you have Diabetes-related nerve damage and/or meet certain conditions.
Medical Equipment/ Supplies			
Durable Medical Equipment (e.g., Wheelchairs, Oxygen)	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization is required for Durable Medical Equipment.
Prosthetics (e.g., Braces, Artificial Limbs and related supplies)	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization is required for Prosthetics.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Medical Equipment / Supplies *(Continued)*			
Diabetic Supplies	**Diabetes monitoring supplies:** **In-Network:** You pay $5 copayment. **Out-of-Network:** You pay 30% coinsurance. **Diabetes self-management training:** **In-Network:** You pay a $0 copayment. **Out-of-Network:** You pay 30% coinsurance. **Therapeutic shoes or inserts:** **In-Network:** 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	**Diabetes monitoring supplies:** **In-Network:** You pay $5 copayment. **Out-of-Network:** You pay 30% coinsurance. **Diabetes self-management training:** **In-Network:** You pay a $0 copayment. **Out-of-Network:** You pay 30% coinsurance. **Therapeutic shoes or inserts:** **In-Network:** 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	Abbott Diabetes Care is the contracted supplier for Diabetic Monitoring supplies. Your provider must get an approval from the plan before we'll pay for supplies from a non-preferred manufacturer. For people with Diabetes who have severe diabetic foot disease. See the Evidence of Coverage for more information.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Wellness Programs (e.g., Fitness)	Silver&Fit participating fitness clubs and exercise centers: You pay a $25 annual non-refundable fee. Silver&Fit Home Fitness Program: You pay a $10 annual non-refundable fee. Silver&Fit non-participating fitness clubs and exercise centers: You will be reimbursed up to an annual allowance of $150.	Silver&Fit participating fitness clubs and exercise centers: You pay a $25 annual non-refundable fee. Silver&Fit Home Fitness Program: You pay a $10 annual non-refundable fee. Silver&Fit non-participating fitness clubs and exercise centers: You will be reimbursed up to an annual allowance of $150.	You are eligible for one of the three Silver&Fit program options each month. You cannot be enrolled in multiple program options at the same time. These copayments are not included in the Out-of-Pocket Maximum.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Routine Annual Physical Exam	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay 30% coinsurance.	One annual routine physical exam each calendar year.
Telemedicine *(Remote Access Technology)*			
Primary	**In-Network:** You pay $5 copayment. **Out-of-Network**: You pay 30% coinsurance.	**In-Network:** You pay $5 copayment. **Out-of-Network**: You pay 30% coinsurance.	A program that allows members to contact a network doctor either by phone, secure video on your personal computer or using a mobile device 24 hour a day, 7 days a week.
Specialists	**In-Network:** You pay $40 copayment. **Out-of-Network**: You pay 30% coinsurance.	**In-Network:** You pay $50 copayment. **Out-of-Network**: You pay 30% coinsurance.	Telemedicine doctors can diagnose symptoms, prescribe medication and send prescriptions to select pharmacies. This program is designed to handle non-emergency medical issues and should not be used when experiencing a medical emergency.

Premiums and Benefits	Medicare BlueBasic (PPO)	Medicare BluePlus (PPO)	What You Should Know
Chiropractic	**In-Network:** You pay $5 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $5 copayment. **Out-of-Network:** You pay 30% coinsurance.	We only cover manual manipulation of the spine to correct a subluxation (when 1 or more of the bones in your spine move out of position).
Home Health Care	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay $0 copayment. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization is required.
Outpatient Dialysis Services	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 20% coinsurance.	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 20% coinsurance.	
Outpatient Substance Abuse Services Individual and Group therapy visit	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	**In-Network:** You pay 20% coinsurance. **Out-of-Network:** You pay 30% coinsurance.	Prior Authorization may be required for some services.

Discrimination is Against the Law

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Our Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-421-1220). Monday - Friday, 8 a.m. - 8 p.m.
From October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone Number: 1-800-614-6575 (TTY: 1-800-421-1220)
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Excellus

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-883-9577 (TTY: 1-800-421-1220).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 1-800-421-1220).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-883-9577

(TTY：1-800-421-1220）。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-883-9577 (телетайп: 1-800-421-1220).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-883-9577 (TTY: 1-800-421-1220).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-883-9577 (TTY: 1-800-421-1220)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-883-9577 (TTY: 1-800-421-1220).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-877-883-9577 (TTY: 1-800-421-1220).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-877-883-9577 (TTY: ১-800-421-1220)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-883-9577 (TTY: 1-800-421-1220).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-883-9577 (رقم هاتف الصم والبكم: 1-800-421-1220).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-883-9577 (ATS : 1-800-421-1220).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-877-883-9577 (TTY: 1-800-421-1220).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-883-9577 (TTY: 1-800-421-1220).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-883-9577 (TTY: 1-800-421-1220).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-883-9577 (TTY: 1-800-421-1220).

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-659-1986.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.ExcellusMedicare.com or call 1-800-659-1986 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Excellus BlueCross BlueShield contracts with the Federal Government and is a PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.