



An independent licensee of the Blue Cross Blue Shield Association

**2023 SUMMARY OF BENEFITS**  
**January 1, 2023 – December 31, 2023**

**Medicare Blue Dual (HMO D-SNP) (H7524-003)**

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

Excellus BlueCross BlueShield contracts with the Federal Government and is an HMO D-SNP 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 Blue Dual (HMO D-SNP)** 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: Broome, Herkimer, Livingston, Monroe, Oneida, Onondaga, Ontario, Otsego, Seneca, Wayne and Yates counties.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid. You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

**Medicare Blue Dual (HMO D-SNP)** has 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 Blue Dual (HMO D-SNP)** also has a network of pharmacies. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

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 [www.medicare.gov](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 1-866-862-7087 (TTY users call 1-800-662-1220). From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From April 1 to September 30, you can call us Monday to Friday from 8:00 a.m. to 8:00 p.m.

If you are not a member of one of these plans: Call toll-free at 1-800-659-1986 (TTY users call 1-800-662-1220). From October 1 to December 30, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From January 1 to September 30, you can call us Monday to Friday from 8:00 a.m. to 8:00 p.m.

You can also visit us at [ExcellusMedicare.com](http://ExcellusMedicare.com).

You can see our plan's provider and/or pharmacy directory at our website at [ExcellusMedicare.com/Providers](http://ExcellusMedicare.com/Providers). Or call us and we will send you a copy of the directory.

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 [ExcellusMedicare.com/Formulary](http://ExcellusMedicare.com/Formulary). Or call us and we will send you a copy of our formulary.

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.

Excellus BlueCross BlueShield's pharmacy network includes limited lower-cost, preferred pharmacies. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-862-7087 (TTY: 1-800-662-1220) or consult the online pharmacy directory at [ExcellusMedicare.com/Providers](http://ExcellusMedicare.com/Providers).

The Silver&Fit<sup>®</sup> Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). ASH is an independent company.

TruHearing<sup>®</sup> is an independent company offering a network of audiologists and hearing aid providers.

LBS is an independent company. LBS is the administrator for the flex card benefit to be used for over-the-counter products and healthy foods.

MDLive<sup>®</sup> is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.

Mom's Meals® is an independent company that provides home delivered meals and nutritional services to Excellus BlueCross BlueShield members.

SafeRide® is an independent company, offering transportation services in the Excellus BlueCross BlueShield service area.

<b>Premiums and Benefits</b>	<b>Medicare Blue Dual (HMO D-SNP)</b>	<b>What You Should Know</b>
<b>Monthly Plan Premium</b>	You pay \$0 per month.	You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	You do not have a deductible	
<b>Maximum Out-of-Pocket Responsibility</b> (Does not include prescription drugs.)	\$8,300 annually for Medicare-covered services from in-network providers.	The most you pay in copayments/ coinsurance for medical services for the year.
<b>Inpatient Hospital Coverage</b>	\$0 Copayment per stay	Prior Authorization is required. Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Ambulatory Surgery Center</b>	\$0 Copayment	Prior Authorization is required.
<b>Outpatient Hospital Coverage</b>	\$0 Copayment	Prior Authorization is required.
<b>Doctor Visits Primary</b>	\$0 Copayment	
<b>Specialists</b>	\$0 Copayment	
<b>Preventive Care</b>	\$0 Copayment  Any additional preventive services approved by Medicare during the contract year will be covered.  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.
<b>Emergency Care</b>	\$0 Copayment per visit	If you are admitted to the hospital within 23 hours, you do not have to pay your share of the cost for emergency care.
<b>Urgently Needed Services</b>	\$0 Copayment	

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	What You Should Know
<p><b>Diagnostic Services/Labs/Imaging</b></p> <p>Diagnostic Radiology Service (e.g., MRI, CT scans)</p> <p>Lab Services - Diagnostics</p> <p>Diagnostic Tests and Procedures</p> <p>X-Rays</p> <p>Therapeutic Radiology (such as radiation treatment for cancer)</p>	<p>\$0 Copayment</p> <p>\$0 Copayment</p> <p>\$0 Copayment</p> <p>\$0 Copayment per service</p> <p>\$0 Copayment per service</p>	<p>Prior Authorization is required for some services. Contact us for more information.</p>
<p><b>Hearing Services</b></p> <p>Diagnostic Hearing Exam</p> <p>Routine Hearing Exam</p> <p>Hearing Aids</p>	<p>\$0 Copayment</p> <p>\$0 Copayment</p> <p>Up to two TruHearing-branded hearing aids every year (one per ear per year).</p>	<p>One routine hearing exam each year. You must see a TruHearing provider.</p> <p>Benefit is limited to the TruHearing's Standard Aids and a limited formulary of hearing aids from major manufacturers. You must see a TruHearing provider to use this benefit.</p>
<p><b>Dental Services</b></p>	<p>No deductible, no copays, no annual dollar limit on services (other limits may apply).</p> <ul style="list-style-type: none"> <li>• Members select a Primary Care Dental Home where most services will be rendered</li> <li>• Should specialty services be needed, the Primary Care Dentist (PCD) will submit a referral to a participating Specialist</li> </ul>	<p>Exclusions and limitations may apply. See the Evidence of Coverage for more information.</p>

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	What You Should Know
<b>Dental Services (continued)</b>	<ul style="list-style-type: none"> <li>• Members can change their PCD at any time by contacting Healthplex at 800-468-9868 8:00 a.m. to 6 p.m., Monday – Friday, or email info@healthplex.com.</li> <li>• You are responsible for the cost of any services, which are: <ul style="list-style-type: none"> <li>• Not included in the New York State Medicaid Guidelines.</li> <li>• Not provided or authorized by your Healthplex contracted dentist.</li> </ul> </li> </ul>	
<b>Vision Services</b> Diagnostic/ Treatment Exam  Routine Eye Exam Eyeglasses or Contacts after Cataract Surgery  Routine Eyewear Allowance	\$0 Copayment  \$0 Copayment \$0 Copayment  \$200 Allowance every year towards purchase of contact lenses and eyeglasses (frames and lenses).	One routine eye exam each year.
<b>Mental Health Services</b> Inpatient Visit Individual and Group Outpatient Therapy Visit	\$0 Copayment \$0 Copayment	Prior authorization is required. Benefit is applied per admission. Covers up to 190 days 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.

<b>Premiums and Benefits</b>	<b>Medicare Blue Dual (HMO D-SNP)</b>	<b>What You Should Know</b>
<b>Skilled Nursing Facility</b>	\$0 copayment per day for days 1 through 20. \$0 copayment per day for days 21 through 100.	Prior Authorization may be required for some services.
<b>Physical Therapy</b>	\$0 Copayment	Prior Authorization may be required.
<b>Ambulance</b>	\$0 Copayment	Prior Authorization may be required.
<b>Transportation</b>	24 one-way trips to a health-related location through SafeRide. Various modes of transportation are available based on your needs. There will be a limit of 75 miles per one-way ride.	
<b>Special Supplemental Benefits for the Chronically III</b>	\$38 allowance per month toward the purchase of healthy food.  Monthly allowance must be used within the month. Unused benefit amounts will NOT carry over to the next month.  Members have 90 days after the end of the month in which the expense was incurred to submit a claim for reimbursement	Our plan offers additional benefits for certain members at no cost to you. To qualify for these benefits, you must meet specific criteria. For a complete list of eligibility criteria, please see your Evidence of Coverage.
<b>Medicare Part B Drugs</b>	\$0 Copayment	Prior Authorization may be required. Part B drugs may be subject to step therapy requirements.
<p><b>Medicare Part D Prescription Drugs:</b> If you receive "Extra Help," your share of the cost for a one-month supply of a covered Part D prescription drug depends on the level of "Extra Help" you receive.</p>		
<b>Deductible</b>	\$0 deductible	
<b>Cost sharing Tier 1</b> (Preferred Generic)	\$0 copayment	
<b>Cost sharing Tier 2</b> (Generic)	\$0 or \$1.45 or \$4.15 copayment	

<b>Premiums and Benefits</b>	<b>Medicare Blue Dual (HMO D-SNP)</b>	<b>What You Should Know</b>
<b>Cost sharing Tier 3</b> (Preferred Brand)	<b>Cost Sharing for Brand Drugs</b> \$0 or \$4.30 or \$10.35 copayment	
<b>Cost sharing Tier 4</b> (Non-Preferred Drug)		
<b>Cost sharing Tier 5</b> (Specialty)	<b>Cost Sharing for Specialty Generics:</b> \$0 or \$1.45 or \$4.15 copayment <b>Cost Sharing for Specialty Brands:</b> \$0 or \$4.30 or \$10.35 copayment	
<b>Additional Benefits</b>		
<b>Over the counter (OTC) Items</b>	You have \$100 per month to spend on plan-approved OTC items.  Monthly allowance must be used within the month. Unused benefit amounts will NOT carry over to the next month.  Members have 90 days after the end of the month in which the expense was incurred to submit a claim for reimbursement.	Non-prescription OTC health related items like vitamins are covered.
<b>Acupuncture</b>	You pay 50% coinsurance	Up to 20 visits per calendar year for chronic lower back pain.
<b>Meals</b>	Up to two home-delivered meals per day for 7-days.	Available after an inpatient hospital, hospital observation, or Skilled Nursing Facility stay.
<b>Rehabilitation Services</b> Occupational Therapy Visit Speech and Language Therapy Visit Cardiac rehabilitation Services	\$0 Copayment \$0 Copayment \$0 Copayment	Prior Authorization may be required. Prior Authorization may be required.
<b>Foot Care (Podiatry Services)</b> Diagnostic Exams and Treatment	\$0 Copayment	



<b>Premiums and Benefits</b>	<b>Medicare Blue Dual (HMO D-SNP)</b>	<b>What You Should Know</b>
<b>Foot Care (Podiatry Services) (continued)</b> Routine Foot Care	\$0 Copayment	Foot exams and treatment are covered if you have Diabetes-related nerve damage and/or meet certain conditions.
<b>Medical Equipment/Supplies</b> Durable Medical Equipment (e.g., Wheelchairs, Oxygen)  Prosthetics (e.g., Braces, Artificial Limbs and related supplies)  Diabetes monitoring supplies  Diabetes self-management training  Therapeutic shoes or inserts	\$0 Copayment  \$0 Copayment.  \$0 Copayment  \$0 Copayment \$0 Copayment	Prior Authorization is required for Durable Medical Equipment.  Prior Authorization is required for Prosthetics.  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.
<b>Wellness Programs Fitness</b> Silver&Fit participating fitness clubs/ exercise centers  Silver&Fit Home Fitness Program	You pay a \$0 annual fee.  You pay a \$0 annual fee.	
<b>Remote Access Technology</b>	Contact a nurse 24 hours a day, 7 days a week at 1-800-348-9786 (TTY 1-800-662-1220).	Information is intended to help educate, not replace the advice of a medical professional.
<b>Routine Annual Physical Exam</b>	\$0 copayment	One annual routine physical exam each calendar year.

<b>Premiums and Benefits</b>	<b>Medicare Blue Dual (HMO D-SNP)</b>	<b>What You Should Know</b>
<b>Telehealth</b> Primary Specialists Behavior Health visit MDLive visit Out-of-Network	\$0 copayment \$0 copayment \$0 copayment \$0 copayment Not covered	For non-emergency medical issues only. Contact a network doctor by phone or secure video using your computer or mobile device. Telehealth doctors can diagnose symptoms and prescribe medication. Services from MDLive available 24 hour a day, 7 days a week.
<b>Chiropractic</b>	\$0 Copayment	We cover routine chiropractic care up to 6 visits per year.
<b>Home Health Care</b>	\$0 Copayment	Prior Authorization is required.
<b>Outpatient Dialysis Services</b>	\$0 Copayment	
<b>Outpatient Substance Abuse Services</b> Individual and Group therapy visit	\$0 Copayment	Prior Authorization may be required for some services.

## Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. You can see what New York State Department of Health covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, at 1-800-659-1986 (TTY users call 1-800-662-1220). From October 1 to December 30, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From January 1 to September 30, you can call us Monday to Friday from 8:00 a.m. to 8:00 p.m.

<b>Premiums and Benefits</b>	<b>Medicare Blue Dual (HMO D-SNP)</b>	<b>Medicaid</b>
<b>Ambulance</b>	Covered	Covered
<b>Comprehensive Medicaid Case Management (CMCM)</b>	Not Covered	Covered
<b>Chiropractic Care</b>	Covered	Covered
<b>Dental Services</b>	Covered	Covered
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Directly Observed Therapy for Tuberculosis (TB) Disease</b>	Not Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Family Planning</b>	Not Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Health Home</b>	Not Covered	Covered
<b>Hearing Services</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered
<b>Hospice Care</b>	Covered	Covered
<b>Inpatient Hospital</b>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Methadone Maintenance Treatment Programs (MMTP)</b>	Not Covered	Covered
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Over The Counter Items</b>	Covered	Not Covered
<b>Personal Care Services</b>	Not Covered	Covered
<b>Personal Emergency Response Services (PERS)</b>	Not Covered	Covered
<b>Preventative Care</b>	Covered	Covered
<b>Private Duty Nursing</b>	Not Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered

<b>Premiums and Benefits</b>	<b>Medicare Blue Dual (HMO D-SNP)</b>	<b>Medicaid</b>
<b>Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs</b>	Not Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Social and Environmental Supports</b>	Not Covered	Covered
<b>Social Day Care</b>	Not Covered	Covered
<b>Transportation (Routine)</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Vision Services</b>	Covered	Covered

## NOTICE OF NON-DISCRIMINATION

### Discrimination is Against the Law

Excellus BlueCross BlueShield complies with Federal civil rights laws. Excellus BlueCross BlueShield does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Excellus BlueCross BlueShield provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **Excellus BlueCross BlueShield** at 1-866-862-7087. For TTY/TDD services, call 1-800-662-1220.

If you believe that Excellus BlueCross BlueShield has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Excellus BlueCross BlueShield by:

Mail: Advocacy Department, P.O. Box 4717, Syracuse, NY 13221  
Phone: 1-866-862-7087 for TTY/TDD services, call 1-800-662-1220  
In person: 205 Park Club Lane, Buffalo, NY 14221  
Fax: 1-315-671-6656

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>  
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

<p><b>ATTENTION: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-862-7087 (TTY: 1-800-662-1220). Someone who speaks English can help you. This is a free service</b></p>	<p>English</p>
<p><b>ATENCIÓN: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-862-7087 (TTY: 1-800-662-1220). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.</b></p>	<p>Spanish</p>
<p><b>注意：我們提供免費的口譯服務來回答您對我們的健康或藥物計劃的任何問題。如需口譯員，請致電 1-866-862-7087 (TTY : 1-800-662-1220) 聯繫我們。一位會說 英語/ 中文 的工作人員可以為您提供幫助。這是一項免費服務。</b></p>	<p>Chinese</p>
<p><b>تنبيه: تتوفر لدينا خدمات ترجمة فورية لإجابة أي أسئلة ربما خطرت لك عن صحتك أو خطة أدويةك. للحصول على مُترجم فوري، ليس عليك إلا الاتصال بنا على رقم 1-866-862-7087 رقم الهاتف النصي لضعاف السمع: 1-800-662-1220). هناك من يجيد الإنجليزية/العربية ويمكنه تقديم العون لك. تلك الخدمة مجانية.</b></p>	<p>Arabic</p>
<p><b>주의: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-862-7087 (TTY: 1-800-662-1220)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다..</b></p>	<p>Korean</p>
<p><b>ВНИМАНИЕ: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-862-7087 (TTY: 1-800-662-1220). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.</b></p>	<p>Russian</p>
<p><b>ATTENZIONE: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-862-7087 (TTY: 1-800-662-1220). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.</b></p>	<p>Italian</p>
<p><b>ATTENTION: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-862-7087 (TTY: 1-800-662-1220). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.</b></p>	<p>French</p>
<p><b>ATANSYON: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-862-7087 (TTY: 1-800-662-1220). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.</b></p>	<p>French Creole</p>

<p>אכטונג: מיר האבן אומזיסטע איבערזעצונג סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט האבן וועגן אייער געזונטהייט אדער דראג פלאן. צו באקומען אן איבערזעצער, רופט אונז אויף 1-866-862-7087 (TTY: 1-800-662-1220). איינער וואס רעדט ענגליש/אידיש קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.</p>	Yiddish
<p>UWAGA: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-862-7087 (TTY: 1-800-662-1220). Ta usługa jest bezpłatna.</p>	Polish
<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-862-7087 TTY/TDD 1-800-662-1220.</p>	Tagalog
<p>দৃষ্টি আকর্ষণ: আমাদের স্বাস্থ্য বা ওষুধ পরিকল্পনা সম্পর্কে আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, শুধুমাত্র 1-866-862-7087 (TTY: 1-800-662-1220) নম্বরে আমাদের কল করুন। ইংরেজি/ বাংলায় কথা বলা কেউ একজন আপনাকে সহায়তা করতে পারেন। এটি একটি বিনামূল্যের সেবা</p>	Bengali
<p>Vemendje: Ofrojmë shërbime përkthimi falas për t'ju përgjigjur pyetjeve tuaja që mund t'i keni për planin tonë shëndetësor apo të barnave. Për të marrur një përkthyes, thjeshtë na thirrni në 1-866-862-7087 (TTY: 1-800-662-1220). Dikush që flet anglisht/ shqip mund t'ju ndihmon. Ky shërbim është falas.</p>	Albanian
<p>Προσοχή: Διαθέτουμε δωρεάν υπηρεσίες διερμηνέα για να απαντήσουμε σε οποιοσδήποτε ερωτήσεις μπορεί να έχετε σχετικά με το πρόγραμμα υγείας ή φαρμάκων μας. Για χρήση διερμηνέα, απλώς καλέστε μας στον αριθμό 1-866-862-7087 (TTY: 1-800-662-1220). Κάποιος που μιλάει αγγλικά/ ελληνικά μπορεί να σας βοηθήσει. Η εν λόγω υπηρεσία διατίθεται δωρεάν.</p>	Greek
<p>متوجہ ہوں: ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات موجود ہیں۔ مترجم کی خدمات حاصل کرنے کے لیے، بس ہمیں 1-866-862-7087 (TTY: 1-800-662-1220) پر کال کریں۔ کوئی ایسا جو انگریزی/اردو بول سکتا ہو آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔</p>	Urdu

## 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 representative at 1-800-659-1986.

### Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [ExcellusMedicare.com](https://www.ExcellusMedicare.com) or call 1-800-659-1986 to view a copy of the EOC.
- Review full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [ExcellusMedicare.com](https://www.ExcellusMedicare.com) or call 1-800-659-1986 to request 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/coinsurance may change on January 1, 2024.
- 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). However, the Point-of-Service (POS) benefit does allow you to use providers that are not in our network for some services. Check the EOC for more information.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Excellus BlueCross BlueShield contracts with the Federal Government and is a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.