Excellus

An independent licensee of the Blue Cross Blue Shield Association

2026 SUMMARY OF BENEFITS
January 1, 2026 – December 31, 2026

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 is an HMO plan with a Medicare contract and a contract with the New York State Medicaid program. 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 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 **711**). From October 1 - March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From April 1 - 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 **711**). From October 1 - March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From April 1 - 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 **medicare.excellusbcbs.com**.

You can see our plan's provider and/or pharmacy directory at our website at **medicare.excellusbcbs.com**. 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 **medicare.excellusbcbs.com.** 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.

For up-to-date information about our network pharmacies, please call **1-866-862-7087 (TTY: 711)** or consult the online pharmacy directory at **medicare.excellusbcbs.com.**

The Healthy Foods benefit is part of a special supplemental program for the chronically ill. Chronic condition(s) may include but are not limited to: Hypertension, Anxiety/Depression, Diabetes, COPD and Osteoarthritis. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us at **1-800-659-1986 (TTY 711).**

HealthPlex is an independent company, offering dental services to members.

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

LBS is an independent company offering a flex card for over-the-counter products and healthy foods.

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

The Silver&Fit® Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). ASH is an independent company. Silver&Fit is a trademark of ASH and used with permission herein.

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	What You Should Know
Monthly Plan Premium	You pay $0 per month.	Medicaid will pay your Medicare Part B premium for you.
Deductible	You do not have a deductible	
Maximum Out-of-Pocket Responsibility (Does not include prescription drugs.)	You will not have a maximum out-of-pocket for Medicare-covered services from in-network providers.	Because Medicaid will pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.
Inpatient Hospital Coverage	$0 Copayment per stay	Prior Authorization is required. Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Coverage	$0 Copayment	Prior Authorization is required.
Ambulatory Surgery Center	$0 Copayment	Prior Authorization is required.
Doctor Visits **Primary** **Specialists**	 $0 Copayment $0 Copayment	
Preventive Care	$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.
Emergency Care	$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.
Urgently Needed Services	$0 Copayment	

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	What You Should Know
Diagnostic Services/Labs/ Imaging Diagnostic Radiology Service (e.g., MRI, CT scans) Lab Services - Diagnostics Diagnostic Tests and Procedures X-Rays Therapeutic Radiology (such as radiation treatment for cancer)	 $0 Copayment $0 Copayment $0 Copayment $0 Copayment per service $0 Copayment per service	Prior Authorization is required for some services. Contact us for more information.
Hearing Services Diagnostic Hearing Exam Routine Hearing Exam Hearing Aids	$0 Copayment $0 Copayment Up to two TruHearing-branded hearing aids every year (one per ear per year).	One routine hearing exam each year. You must see a TruHearing provider. 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.
Dental Services	No deductible, no copays, no annual dollar limit on services (other limits may apply). • Members select a Primary Care Dentist where most services will be rendered. • Should specialty services be needed, the Primary Care Dentist (PCD) will submit a referral to a participating Specialist.	Exclusions and limitations may apply. See the Evidence of Coverage for more information.

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	What You Should Know
Dental Services (continued)	• Members can change their PCD at any time by contacting Healthplex.	• You are responsible for the cost of any services, which are: • Not included in the New York State Medicaid Guidelines. • Not provided or authorized by your Healthplex contracted dentist.
Vision Services Diagnostic/ Treatment Exam	$0 Copayment	
Routine Eye Exam	$0 Copayment	One routine eye exam each year.
Eyeglasses or Contacts after Cataract Surgery	$0 Copayment	
Routine Eyewear Allowance	$200 annual allowance	Allowance every year towards purchase of contact lenses and eyeglasses (frames and lenses).
Mental Health Services Inpatient Visit	$0 Copayment	Prior authorization is required.
Individual and Group Outpatient Therapy Visit	$0 Copayment	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.
Skilled Nursing Facility	$0 copayment per day for days 1 through 20. $0 copayment per day for days 21 through 100.	Prior Authorization required for some services.
Physical Therapy	$0 Copayment	Prior Authorization required for some services.
Ambulance	$0 Copayment	Prior Authorization required for some services.

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	What You Should Know
Special Supplemental Benefits for the Chronically Ill	$30 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.
Medicare Part B Drugs	$0 Copayment	Prior Authorization and Step Therapy required for some services.
Part B Insulin used in a traditional insulin pump	$0 Copayment	Part B drugs may be subject to step therapy requirements.
Medicare Part D Prescription Drugs: 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.		
Cost sharing Tier 1 (Preferred Generic)	$0 or $1.60 or $5.10	
Cost sharing Tier 2 (Generic)	$0 or $1.60 or $5.10	
Cost sharing Tier 3 (Preferred Brand)	$0 or $4.90 or $12.65	
Cost sharing Tier 4 (Non-Preferred Drug)	$0 or $4.90 or $12.65	
Cost sharing Tier 5 (Specialty)	Specialty Generics: $0 or $1.60 or $5.10 Specialty Brands: $0 or $4.90 or $12.65	
Additional Benefits		
Over the counter (OTC) Items	You have $75 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.	Non-prescription OTC health related items like vitamins are covered.

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	What You Should Know
Over the counter (OTC) Items (continued)	Members have 90 days after the end of the month in which the expense was incurred to submit a claim for reimbursement.	
Acupuncture	$0 Copayment.	Up to 20 visits per calendar year for chronic lower back pain.
Meals	Up to two home-delivered meals per day for 7-days.	Available after an inpatient hospital, hospital observation, or Skilled Nursing Facility stay.
Rehabilitation Services Occupational Therapy Visit Speech and Language Therapy Visit Cardiac rehabilitation Services	 $0 Copayment $0 Copayment $0 Copayment	 Prior Authorization required for some services. Prior Authorization required for some services.
Foot Care (Podiatry Services) Diagnostic Exams and Treatment Routine Foot Care	 $0 Copayment $0 Copayment	 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)	$0 Copayment	Prior Authorization is required for Durable Medical Equipment.

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	What You Should Know
Medical Equipment/ Supplies (continued)		
Prosthetics (e.g., Braces, Artificial Limbs and related supplies)	$0 Copayment.	Prior Authorization is required for Prosthetics.
Diabetes monitoring supplies	$0 Copayment	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.
Diabetes self-management training	$0 Copayment	
Therapeutic shoes or inserts	$0 Copayment	For people with Diabetes who have severe diabetic foot disease. See the Evidence of Coverage for more information.
Wellness Programs	With Silver&Fit, you pay a $0 copayment for access to a participating fitness facility, online digital fitness classes, and home fitness accessories and equipment. You also can access nonparticipating fitness facilities if needed.	
Remote Access Technology	Contact a nurse 24 hours a day, 7 days a week at **1-800-348-9786 (TTY 711).**	Information is intended to help educate, not replace the advice of a medical professional.
Routine Annual Physical Exam	$0 copayment	One annual routine physical exam each calendar year.
Telehealth		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 our preferred vendor available 24 hour a day, 7 days a week.
Primary	$0 copayment	
Specialists	$0 copayment	
Behavioral Health visit	$0 copayment	
Preferred vendor visit	$0 copayment	
Out-of-Network	Not covered	

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	What You Should Know
Home Health Care	$0 Copayment	Prior Authorization is required.
Outpatient Dialysis Services	$0 Copayment	
Outpatient Substance Abuse Services Individual and Group therapy visit	$0 Copayment	Prior Authorization 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.

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.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call **1-800-659-1986 (TTY users call 711).** 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 a member of an Excellus BCBS Medicaid managed care plan, many of these benefits will be covered by your plan. Please see your Medicaid managed care member handbook for more information.

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	Medicaid
Ambulance	Covered	Covered
Comprehensive Medicaid Case Management (CMCM)	Not Covered	Covered
Chiropractic Care	Covered	Not Covered
Dental Services	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Directly Observed Therapy for Tuberculosis (TB) Disease	Not Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment	Covered	Covered
Emergency Care	Covered	Covered
Family Planning	Not Covered	Covered
Foot Care	Covered	Covered
Health Home	Not Covered	Covered
Hearing Services	Covered	Covered
Home Health Care	Covered	Covered
Hospice Care	Covered	Covered
Inpatient Hospital	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Methadone Maintenance Treatment Programs (MMTP)	Not Covered	Covered
Outpatient Hospital Services	Covered	Covered
Over The Counter Items	Covered	Covered by NYRx, the Medicaid pharmacy program
Personal Care Services	Not Covered	Covered

Premiums and Benefits	Medicare Blue Dual (HMO D-SNP)	Medicaid
Personal Emergency Response Services (PERS)	Not Covered	Covered
Preventative Care	Covered	Covered
Private Duty Nursing	Not Covered	Covered
Prosthetic Devices	Covered	Covered
Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs	Not Covered	Covered
Renal Dialysis	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Social and Environmental Supports	Not Covered	Covered
Social Day Care	Not Covered	Covered
Transportation (Routine)	Not Covered	Covered by Medicaid Fee-For Service
Urgently Needed Services	Covered	Covered
Vision Services	Covered	Covered

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-866-862-7087, TTY/TDD 1-800-662-1220.	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-866-862-7087, TTY/TDD 1-800-662-1220.	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-866-862-7087, TTY/TDD 1-800-662-1220.	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم1-866-862-7087 TTY/TDD 1-800-662-1220	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-866-862-7087, TTY/TDD 1-800-662-1220. 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-866-862-7087 (TTY/TDD 1-800-662-1220).	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-866-862-7087, TTY/TDD 1-800-662-1220.	Italian
ATTENTION: Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-866-862-7087 TTY/TDD 1-800-662-1220.	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-866-862-7087, TTY/TDD 1-800-662-1220.	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט . רופט 1-800-662-1220 ,TTY/TDD 1-866-862-7087	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-866-862-7087, TTY/TDD 1-800-662-1220.	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-866-862-7087, TTY/TDD 1-800-662-1220.	Tagalog
মেনাযোগ নামূলেয ভাষা সহায়তা পিরেষবা এবং অনয নয সাহাযয আপনার জনয উপলব্ধ। 1-866-862-7087 TTY/TDD 1-800-662-1220. -এ ফোন কর।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-866-862-7087, TTY/TDD 1-800-662-1220.	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-866-862-7087, TTY/TDD 1-800-662-1220.	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 1-800-650-4359 ,TTY/TDD 1-866-862-7087	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 medicare.excellusbcbs.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 medicare.excellusbcbs.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, 2027.
- ☐ 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). 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.

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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