

2017 Medicare Plans



Helpful Plan Information
for Members Like You



National strength. Local focus. Individual care.™

For residents in Livingston, Monroe, Ontario,
Seneca, Wayne and Yates Counties, NY.

A nonprofit independent licensee of the
Blue Cross Blue Shield Association

Y0028_4888_0 Accepted

Plan Benefits	Medicare Blue Choice Select (HMO-POS)		Medicare Blue Choice Value (HMO)	Medicare Blue Choice Value Plus (HMO)	Medicare Blue Choice Platinum (HMO-POS)		Medicare Blue Choice Optimum (HMO-POS)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Monthly Plan Premium	\$0		\$60	\$128	\$190		\$230	
Annual Deductible	\$0		\$0	\$0	\$0		\$0	
Doctor Visits								
Primary Care Physician	\$15	30% coinsurance	\$10	\$10	\$15	30% coinsurance	\$10	30% coinsurance
Physician Specialist	\$50	30% coinsurance	\$50	\$45	\$40	30% coinsurance	\$40	30% coinsurance
Inpatient Care								
Inpatient Hospital Care	Days 1-5 = \$360 per day Days 6+ = \$0	30% coinsurance	Days 1-5 = \$360 per day Days 6+ = \$0	Days 1-5 = \$310 per day Days 6+ = \$0	Days 1-5 = \$260 per day Days 6+ = \$0	30% coinsurance	Days 1-5 = \$285 per day Days 6+ = \$0	30% coinsurance
Skilled Nursing Care	Days 1-20 = \$0 Days 21-100 = \$160 per day Days 101+ = Not Covered	30% coinsurance	Days 1-20 = \$0 Days 21-100 = \$160 per day Days 101+ = Not Covered	Days 1-20 = \$0 Days 21-100 = \$140 per day Days 101+ = Not Covered	Days 1-20 = \$0 Days 21-100 = \$120 per day Days 101+ = Not Covered	30% coinsurance	Days 1-20 = \$0 Days 21-100 = \$125 per day Days 101+ = Not Covered	30% coinsurance
Outpatient Care								
Ambulatory Surgery Center Services	20% coinsurance	30% coinsurance	\$390	\$380	\$250	30% coinsurance	\$250	30% coinsurance
Observation Services	20% coinsurance	30% coinsurance	\$390	\$380	\$250	30% coinsurance	\$250	30% coinsurance
Outpatient Hospital Services	20% coinsurance	30% coinsurance	\$390	\$380	\$250	30% coinsurance	\$250	30% coinsurance
Lab & Other Tests								
Laboratory Services	\$25	30% coinsurance	\$15	\$15	\$10	30% coinsurance	\$0	30% coinsurance
Diagnostic Radiology Tests	20% coinsurance	30% coinsurance	20% coinsurance	\$175	\$150	30% coinsurance	\$150	30% coinsurance
X-Rays and Ultrasounds	\$60	30% coinsurance	\$50	\$50	\$40	30% coinsurance	\$40	30% coinsurance
Emergency Services								
Ambulance Services	\$240		\$240	\$175	\$150		\$150	
Emergency Department Services	\$75		\$75	\$75	\$75		\$75	
Urgently Needed Care	\$65		\$40	\$40	\$50		\$40	
Other Services								
Chiropractic	\$20	30% coinsurance	\$10	\$10	\$15	30% coinsurance	\$10	30% coinsurance
Diabetes Testing Supplies	20% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Durable Medical Equipment	20% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Physical Therapy (limits apply*)	\$40	30% coinsurance	\$40	\$40	\$40	30% coinsurance	\$40	30% coinsurance
Wellness Benefits								
Annual Fitness Benefit (Silver&Fit)	Silver&Fit		Silver&Fit	Silver&Fit	Silver&Fit		Silver&Fit	
Annual Routine Vision Exam	\$50	30% coinsurance	\$50	\$45	\$40	30% coinsurance	\$40	30% coinsurance
Annual Routine Hearing Exam	\$50	30% coinsurance	\$50	\$45	\$40	30% coinsurance	\$40	30% coinsurance
Preventive Dental Services	Not Covered		Not Covered	Covered	Not Covered		Covered	
Out of Pocket/POS Coverage Limit								
Out of Pocket Maximum Protection	\$6,700	N/A	\$6,700	\$6,700	\$5,500	N/A	\$6,700	N/A
Point of Service Plan Coverage Limit	N/A	\$3,000	N/A	N/A	N/A	\$3,000	N/A	\$3,000

* Please refer to your Evidence of Coverage for details.

Questions?



Website: MyExcellusMedicare.com/2017PlanInfo

View 2017 Medicare plan costs and benefits and additional tools and information.

- Watch a video that walks through changes to your plan for 2017.



Customer Care:

1-855-594-8281

TTY/TDD 1-800-421-1220

Hours: 8:00 a.m. - 8:00 p.m.,
Monday – Friday. From October
1 – February 14, representatives are
available 7 days a week from
8:00 a.m. – 8:00 p.m.

Our Medicare Advantage Plan Options

Plan Benefits	What is this?	Medicare Blue Choice Select (HMO-POS)		Medicare Blue Choice Value (HMO)	Medicare Blue Choice Value Plus (HMO)	Medicare Blue Choice Platinum (HMO-POS)		Medicare Blue Choice Optimum (HMO-POS)	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Part B Prescription Drug Benefit									
Part B Drug Coverage	Examples of Part B drugs include nebulizer solutions, transplant drugs, some chemotherapy drugs and most vaccines.	20% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Part D Prescription Drug Benefit									
Prescription Drug Deductible	Amount you pay for Part D drugs in Tiers 3-5 before coverage begins.	\$360 Deductible (Tiers 3-5)*		\$225 Deductible (Tiers 3-5)*	\$0 Deductible	Not Covered		\$0 Deductible	Emergency Only
Part D Tiers	Cost shown is for a 30 day supply. Save time and money when you order a 90-day supply.								
Tier 1: Preferred Generic	Preferred generic drugs that are used for maintenance of health for chronic conditions and offer clinical and cost savings advantages.	\$0	Emergency Only	\$0	\$0	Not Covered	\$0	Emergency Only	
Tier 2: Generic	Most other generic drugs on our formulary.	\$15		\$15	\$15		\$12		
Tier 3: Preferred Brand	Preferred brand-name drugs that have unique significant clinical advantages and offer overall greater value over the other products in the same drug class.	\$47*		\$47*	\$47		\$47		
Tier 4: Non-Preferred Drug	All other brand-name drugs on our formulary.	\$100*		\$100*	\$100		\$100		
Tier 5: Specialty	High cost specialty generic and brand-name drugs that exceed \$600 per month. For drugs in Tier 5, you pay a % of the cost through coinsurance.	25% coinsurance*		28% coinsurance*	33% coinsurance		33% coinsurance		
Part D Drug Coverage Phases									
Initial Coverage Phase	The plan pays its share of the cost and you pay your share of the cost of each prescription you fill until your total drug costs reach \$3,700. When you reach the total drug cost of \$3,700, you move to the Coverage Gap Phase.	Until your costs and plan costs total \$3,700	Until your costs and plan costs total \$3,700	Until your costs and plan costs total \$3,700	N/A	Until your costs and plan costs total \$3,700			
Coverage Gap Phase	This stage begins after you and the plan together have spent \$3,700. During this phase, you pay 40% of the cost of brand name drugs and pay 51% of the cost of generic drugs. When you reach the annual out of pocket limit of \$4,950 you move to the Catastrophic Coverage Phase.	40% brand drugs 51% generic drugs Annual OOP cost \$4,950	40% brand drugs 51% generic drugs Annual OOP cost \$4,950	40% brand drugs 51% generic drugs Annual OOP cost \$4,950		40% brand drugs 51% generic drugs Annual OOP cost \$4,950			
Catastrophic Coverage Phase	During the Catastrophic Coverage Phase the plan pays most of the cost for drugs	\$3.30 for generic drugs, \$8.25 for brand drugs or 5% whichever is greater	\$3.30 for generic drugs, \$8.25 for brand drugs or 5% whichever is greater	\$3.30 for generic drugs, \$8.25 for brand drugs or 5% whichever is greater		\$3.30 for generic drugs, \$8.25 for brand drugs or 5% whichever is greater			

* You must meet your deductible before the plan will start paying its share.

Exclusive Member Advantages

- Access to a broad network of doctors, hospitals, and pharmacies.
- The Silver&Fit® fitness program¹ to keep you healthy
- With Telemedicine you can contact a network doctor by video conference or phone.
- Worldwide coverage if you need urgent care or emergency care
- \$0 copay for many Medicare-covered preventive services to keep you healthy
- \$0 deductible for Part D drugs (included in some plans)
- Built-in Part D prescription drug coverage included in most plans
- More than 50 \$0 Tier 1 Generic Drugs

Preventive Dental Service

For plans that provide dental coverage, we cover 2 cleanings, 2 oral exams and 2 X-rays per year. For more details, check your Evidence of Coverage.

The Silver&Fit® Fitness Program¹

You choose one of three low cost options;

- \$25 annual fee for participating fitness facility
- \$10 annual fee for home fitness program
- \$150 yearly allowance for non-participating qualified fitness facility



Referrals and Prior Authorizations

Referrals and/or Prior Authorization for specialist visits or certain medical services may be required on some plans. Please contact Customer Care for more information.

EPIC - Elderly Pharmaceutical Insurance Coverage

You may be able to save money as a member of EPIC which is a program sponsored by New York State for people 65 years of age or older who need help paying for their Part D prescriptions. To receive EPIC benefits you must be enrolled in a Medicare Part D prescription drug plan. For questions or more information call EPIC at 1-800-332-3742 (TTY 1-800-290-9138), Monday-Friday, 8:00 a.m. to 5:00 p.m. or visit the EPIC website at health.ny.gov/health_care/epic.

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 1-855-594-8281 (TTY: 1-800-421-1220).

注意: 如果您使用繁體中文, 您可以免K費獲得語言援助服務。請致電 1-855-594-8281 (TTY: 1-800-421-1220)。

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This product brochure is an overview of the benefits available under our Medicare Advantage Plans. To the extent of any discrepancy between this document and your Evidence of Coverage, your Evidence of Coverage terms take priority.

For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

¹ Silver&Fit is an exercise and healthy aging program administered by American Specialty Health Fitness, Inc., an independent company that offers these services on behalf of Excellus BlueCross BlueShield.

The Silver&Fit program is a product of American Health Specialty Fitness, Inc., (ASH Fitness) a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit is a federally registered trademark of ASH and used with permission herein.