

# MEDICARE ADVANTAGE PLANS 2018



For residents in Broome, Cayuga, Chemung, Chenango, Cortland, Jefferson, Lewis, Onondaga, Oswego, St. Lawrence, Schuyler, Steuben, Tioga and Tompkins Counties, NY.

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Y0028\_5204\_0 Accepted

PLAN BENEFITS	MEDICARE BLUE ESSENTIAL (PPO)		MEDICARE BLUE CLASSIC (PPO)		MEDICARE BLUE SECURE (PPO)		MEDICARE BLUE ENHANCED (PPO)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Monthly Plan Premium	\$0		\$35		\$109		\$155	
<b>DOCTOR VISITS</b>								
Primary Care Physician	\$10	\$25	\$5	\$25	\$5	\$25	\$5	\$20
Physician Specialist	\$45	\$60	\$40	\$60	\$40	\$55	\$35	\$50
<b>INPATIENT CARE</b>								
Inpatient Hospital Care	Days 1-5 = \$360 per day Days 6+ = \$0	Days 1-28 = \$435 per day Days 29+ = \$0	Days 1-5 = \$360 per day Days 6+ = \$0	Days 1-28 = \$435 per day Days 29+ = \$0	Days 1-5 = \$325 per day Days 6+ = \$0	Days 1-28 = \$385 per day Days 29+ = \$0	Days 1-5 = \$260 per day Days 6+ = \$0	Days 1-28 = \$335 per day Days 29+ = \$0
Skilled Nursing Care	Days 1-20 = \$0 Days 21-100 = \$167.50 per day Days 101+ = Not Covered	30% coinsurance/day	Days 1-20 = \$0 Days 21-100 = \$167.50 per day Days 101+ = Not Covered	30% coinsurance/day	Days 1-20 = \$0 Days 21-100 = \$167.50 per day Days 101+ = Not Covered	30% coinsurance/day	Days 1-20 = \$0 Days 21-100 = \$167.50 per day Days 101+ = Not Covered	30% coinsurance/day
<b>OUTPATIENT CARE</b>								
Ambulatory Surgical Center	\$395	30% coinsurance	\$350	30% coinsurance	\$300	30% coinsurance	\$200	30% coinsurance
Observation Services	\$395	30% coinsurance	\$350	30% coinsurance	\$300	30% coinsurance	\$200	30% coinsurance
Hospital Outpatient Facility	\$395	30% coinsurance	\$350	30% coinsurance	\$300	30% coinsurance	\$200	30% coinsurance
<b>LAB &amp; OTHER TESTS</b>								
Laboratory Tests	\$12	30% coinsurance	\$6	30% coinsurance	\$5	30% coinsurance	\$0	30% coinsurance
Diagnostic Imaging	\$175	30% coinsurance	\$175	30% coinsurance	\$150	30% coinsurance	\$125	30% coinsurance
X-Rays and Ultrasounds	\$50	\$60	\$45	\$60	\$40	\$55	\$40	\$50
<b>EMERGENCY SERVICES</b>								
Ambulance Services	\$250		\$240		\$225		\$150	
Emergency Care	\$80		\$80		\$80		\$80	
Urgent Care	\$65		\$40		\$40		\$40	
<b>OTHER SERVICES</b>								
Chiropractic	\$15	\$25	\$10	\$25	\$10	\$25	\$10	\$20
Diabetic Supplies	\$5	30% coinsurance						
Durable Medical Equipment	20% coinsurance	30% coinsurance						
Physical Therapy (limits apply*)	\$40	\$50	\$40	\$50	\$40	\$50	\$40	\$50
<b>PLAN EXTRAS</b>								
Annual Fitness Benefit (Silver&Fit)	Covered		Covered		Covered		Covered	
Annual Routine Vision Exam	\$45	\$60	\$40	\$60	\$40	\$55	\$35	\$50
Annual Routine Hearing Exam	\$45	\$75	\$45	\$75	\$45	\$75	\$45	\$75
Annual Hearing Aid Benefit (TruHearing)	Covered		Covered		Covered		Covered	
Preventive Dental Services	Not Covered		Not Covered		Covered		Covered	
<b>OUT OF POCKET</b>								
Out of Pocket Maximum	\$6,700	\$10,000	\$6,700	\$10,000	\$6,700	\$10,000	\$5,000	\$8,500

\* Please refer to your Evidence of Coverage for details.

## WHAT YOU HAVE TO DO:

If you are happy with your plan, you do not need to do anything during AEP. You will remain in the same plan as of January 1, 2018.



### QUESTIONS?

Website: [MyExcellusMedicare.com/2018PlanInfo](http://MyExcellusMedicare.com/2018PlanInfo)  
View 2018 Medicare plan costs and benefits and additional tools and information.

### 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.

# MEDICARE PART D PRESCRIPTION DRUG COVERAGE

PLAN BENEFITS		MEDICARE BLUE ESSENTIAL (PPO)		MEDICARE BLUE CLASSIC (PPO)		MEDICARE BLUE SECURE (PPO)		MEDICARE BLUE ENHANCED (PPO)	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>PART B PRESCRIPTION DRUG BENEFIT</b>									
Part B Drug Coverage	Examples of Part B drugs include nebulizer solutions, transplant drugs, some chemotherapy drugs and most vaccines.	20% coinsurance	30% coinsurance						
<b>PART D PRESCRIPTION DRUG BENEFIT</b>									
Prescription Drug Deductible	Amount you pay for Part D drugs in Tiers 3-5 before coverage begins.	\$360 Deductible (Tiers 3-5)*		\$0 Deductible		\$0 Deductible		\$0 Deductible	
<b>PART D TIERS</b>									
<b>COST SHOWN IS FOR A 30 DAY SUPPLY. SAVE TIME AND MONEY WHEN YOU ORDER A 90-DAY SUPPLY.</b>									
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						
Tier 2: Generic	Most other generic drugs on our formulary.	\$14		\$10		\$10			
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			
Tier 4: Non-Preferred Drug	All other brand-name drugs on our formulary.	\$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*		33% coinsurance		33% coinsurance			
<b>PART D DRUG COVERAGE PHASES</b>									
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 \$3,750. When you reach the total drug cost of \$3,750, you move to the Coverage Gap Phase.	Until your costs and plan costs total \$3,750		Until your costs and plan costs total \$3,750		Until your costs and plan costs total \$3,750		Until your costs and plan costs total \$3,750	
Coverage Gap Phase	This stage begins after you and the plan together have spent \$3,750. During this phase, you pay 35% of the cost of brand name drugs and pay 44% of the cost of generic drugs. When you reach the annual out of pocket limit of \$5,000 you move to the Catastrophic Coverage Phase.	35% brand drugs 44% generic drugs Annual OOP cost \$5,000		35% brand drugs 44% generic drugs Annual OOP cost \$5,000		35% brand drugs 44% generic drugs Annual OOP cost \$5,000		35% brand drugs 44% generic drugs Annual OOP cost \$5,000	
Catastrophic Coverage Phase	During the Catastrophic Coverage Phase the plan pays most of the cost for drugs	\$3.35 for generic drugs, \$8.35 for brand drugs or 5% whichever is greater		\$3.35 for generic drugs, \$8.35 for brand drugs or 5% whichever is greater		\$3.35 for generic drugs, \$8.35 for brand drugs or 5% whichever is greater		\$3.35 for generic drugs, \$8.35 for brand drugs or 5% whichever is greater	

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

## WHAT'S NEW FOR 2018

- Hearing Aid coverage through TruHearing
- Lower copayments for laboratory tests and Primary Care Physician office visits (on most plans).

## FEARLESS IS MEDICARE YOU FEEL GOOD ABOUT

- Robust network of doctors, specialists, hospitals and pharmacies.
- Worldwide urgent care and emergency care. You also have access to telemedicine (virtual doctor visits via phone and video).
- No copay for many preventive services including a flu shot, mammogram, and many more
- No copay for Tier 1 generic drugs
- No deductible for Part D drugs (for some plans)

## 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.

## FITNESS BENEFIT

You have 3 options with the Silver&Fit program<sup>1</sup>

**Join a participating Fitness Facility** - \$25 nonrefundable annual membership fee.

**Exercise at home with a wide range of in-home fitness kits** - \$10 annual nonrefundable fee for up to 2 kits.

**Join a qualified, out-of-network Fitness Facility** and receive \$150 reimbursement yearly for your membership fees.

## HEARING AIDS

We offer coverage for hearing aids for a copay through our partner, TruHearing. Choose from the TruHearing Flyte Advanced or the TruHearing Flyte Premium hearing aids available in various styles and colors from a participating location.

## 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](http://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)。

You must continue to pay your Medicare Part B premium.

Excellus BlueCross BlueShield contracts with the Federal Government and is an PPO 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.

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.

Out-of-network/non-contracted providers are under no obligation to treat Excellus BlueCross BlueShield members, except in emergency situations. 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.

The Silver&Fit program 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 BCBS. The Silver&Fit program is provided by American Specialty Health 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.

TruHearing is an independent company that offers hearing products and services to Excellus BCBS members.