

MEDICARE ADVANTAGE PLANS 2018



For residents in Delaware and Otsego Counties, NY.

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Y0028_5208_0 Accepted

PLAN BENEFITS	MEDICARE BLUE BASIC (PPO)		MEDICARE BASSETT (HMO-POS)		MEDICARE BLUE PLUS (PPO)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Monthly Plan Premium	\$93		\$104		\$158	
DOCTOR VISITS						
Primary Care Physician	\$5	30% coinsurance	\$5	30% coinsurance	\$5	30% coinsurance
Physician Specialist	\$40	30% coinsurance	\$40	30% coinsurance	\$50	30% coinsurance
INPATIENT CARE						
Inpatient Hospital Care	Days 1-5 = \$325 per day Days 6+ = \$0	30% coinsurance/day	Days 1-5 = \$300 per day Days 6+ = \$0	30% coinsurance/day	Days 1-5 = \$360 per day Days 6+ = \$0	30% coinsurance/day
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
OUTPATIENT CARE						
Ambulatory Surgical Center	\$300	30% coinsurance	\$200	30% coinsurance	20% coinsurance	30% coinsurance
Observation Services	\$300	30% coinsurance	\$200	30% coinsurance	20% coinsurance	30% coinsurance
Hospital Outpatient Facility	\$300	30% coinsurance	\$200	30% coinsurance	20% coinsurance	30% coinsurance
LAB & OTHER TESTS						
Laboratory Tests	\$15	30% coinsurance	\$0	30% coinsurance	\$20	30% coinsurance
Diagnostic Imaging	\$150	30% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
X-Rays and Ultrasounds	\$40	30% coinsurance	\$20	30% coinsurance	\$50	30% coinsurance
EMERGENCY SERVICES						
Ambulance Services	\$200		\$200		\$250	
Emergency Care	\$80		\$80		\$80	
Urgent Care	\$40		\$40		\$40	
OTHER SERVICES						
Chiropractic	\$10	30% coinsurance	\$15	30% coinsurance	\$10	30% coinsurance
Diabetic Supplies	\$5	30% coinsurance	\$5	30% coinsurance	\$5	30% coinsurance
Durable Medical Equipment	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Physical Therapy (limits apply*)	\$40	30% coinsurance	\$35	30% coinsurance	\$40	30% coinsurance
PLAN EXTRAS						
Annual Fitness Benefit (Silver&Fit)	Covered		Covered		Covered	
Annual Routine Vision Exam	\$40	30% coinsurance	\$35	Not Covered	\$50	30% coinsurance
Annual Routine Hearing Exam	\$45	\$75	\$45	Not Covered	\$45	\$75
Annual Hearing Aid Benefit (TruHearing)	Covered		Covered	Not Covered	Covered	
OUT OF POCKET/POS COVERAGE LIMIT						
Out of Pocket Maximum	\$6,700	\$10,000	\$6,700	N/A	\$6,700	\$10,000
Point of Service Plan Coverage Limit	N/A	N/A	N/A	\$3,000	N/A	N/A

* 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
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 BASIC (PPO)		MEDICARE BASSETT (HMO-POS)		MEDICARE BLUE PLUS (PPO)	
		IN-NETWORK	OUT-OF-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	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.	Not Covered		\$0 Deductible	Emergency Only	\$370 Deductible (all Tiers)*	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.	Not Covered		\$4	Emergency Only	\$4	Emergency Only
Tier 2: Generic	Most other generic drugs on our formulary.			\$8		\$20	
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.			\$45		\$45	
Tier 4: Non-Preferred Drug	All other brand-name drugs on our formulary.			\$95		\$95	
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.			33% coinsurance		25% 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 \$3,750. 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	
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	
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	

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

WHAT'S NEW FOR 2018

- Hearing Aid coverage through TruHearing

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

FITNESS BENEFIT

You have 3 options with the Silver&Fit program¹

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.

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 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.

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.

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.