### Medicare Advantage Plans 2019

**Plan Benefits**

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Plan Premium</td>
<td>$83</td>
<td>$104</td>
<td>$5</td>
<td>$157.50</td>
<td>$157.50</td>
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</tbody>
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**Benefit Visits**

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**In-Patient Care**

| | Days 1-5: | Days 6-10: | Days 11+: | Days 1-5: | Days 6-10: | Days 11+:
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<tbody>
<tr>
<td>Inpatient Hospital Care</td>
<td>In-Network: $325 per day</td>
<td>Out-of-Network: $0</td>
<td>30% coinsurance/day</td>
<td>In-Network: $300 per day</td>
<td>Out-of-Network: $0</td>
<td>30% coinsurance/day</td>
</tr>
<tr>
<td>Skilled Nursing Care</td>
<td>In-Network: $0</td>
<td>Out-of-Network: $172 per day</td>
<td>30% coinsurance/day</td>
<td>In-Network: $0</td>
<td>Out-of-Network: $172 per day</td>
<td>30% coinsurance/day</td>
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</tbody>
</table>

**Out-Patient Care**

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**In-Patient Care**

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<tbody>
<tr>
<td>Ambulance Services</td>
<td>$200</td>
<td>$200</td>
<td>$250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Outpatient Facility</td>
<td>$200</td>
<td>$200</td>
<td>$200</td>
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</table>

**Laboratory Tests**

| | Days 1-20: | Days 21-100: | Days 101+:
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<tbody>
<tr>
<td></td>
<td>In-Network: $150</td>
<td>Out-of-Network: $0</td>
<td>30% coinsurance/day</td>
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</tbody>
</table>

**Radiology Tests**

| | Days 1-20: | Days 21-100: | Days 101+:
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<tbody>
<tr>
<td></td>
<td>In-Network: $0</td>
<td>Out-of-Network: $0</td>
<td>30% coinsurance/day</td>
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**EMERGENCY SERVICES**

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| --- | --- | --- | |
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**Other Services**

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| --- | --- | --- | |
| | | | |

**Pharmacy**

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| --- | --- | --- | |
| | | | |

**Pharmacy Benefit Limit**

- Out of Pocket/POS Coverage Limit: $6,700
- Out of Network: $10,000
- Deductible: $6,700
- Coinsurance: $3,000
- Annual Limit: $6,700

**Questions?**

Website: [MyExcellusMedicare.com/PlanInfo](http://MyExcellusMedicare.com/PlanInfo)

View 2019 Medicare plan costs and benefits and additional tools and information.

**Customer Care:**

- 1-855-594-3681
- 1-800-421-1220 (TTY/TDD)

Hours: 8:00 a.m. - 8:00 p.m., Monday – Friday.
From October 1 – March 31, representatives are available 7 days a week from 9:00 a.m. – 9:00 p.m.

**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, 2019.**

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For residents in Delaware and Otsego Counties, NY.

A nonprofit independent licensee of the Blue Cross Blue Shield Association

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**WHAT’S NEW FOR 2019**

- $0 copayment for routine eye exams
- Tier 1 now includes certain vaccines like the shingles vaccine (Shingrix®)
- Tier 1 copayment for a 30-day supply and only 2 copayments for a 90-day supply of an IV or intramuscular vaccine through mail order

**PART D COVERAGE PHASES**

- **Catastrophic Coverage Phase**: The plan pays most of the cost for drugs.
  - 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
  - Tier 4: Non-Preferred Drug
    - All other brand-name drugs on our formulary. $85 $45
  - 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. $145 $45
  - Tier 2: Generic
    - Most other generic drugs on our formulary. $80 $20
  - Tier 1: Preferred Generic
    - Preferred generic drugs that are used for maintenance of health for chronic conditions and offers clinical and cost savings advantages. $45 $4

**PART D DRUG COVERAGE**

- **Initial Coverage Phase**: You pay 1 copayment for a 30 days supply and only 2 copayments for a 90 day supply of most generic drugs.
  - 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 COST SHOWN IS FOR A 30 DAY SUPPLY. YOU PAY 2 COPAYMENTS FOR A 90 DAY SUPPLY. SAVE AT A RETAIL PHARMACY OR THROUGH MAIL ORDER.**

**PART D BENEFIT**

- Prescription Drug Deductible: Amount you pay for Part D drugs. Tier 5 before coverage begins, $3,750.
- Out-of-Network: $10 Deductible
- Emergency Only: $4 10 Deductible (or less)*

**PART D BENEFIT**

- **Part B**: Medicare part b premium.
- **Part D**: Medicare prescription part d coverage.
- **Part D Benfits**: More benefits for members ask for like no cost preventive screenings, gym membership for only $25 a year, and coverage for hearing aids.

**FITNESS BENEFIT**

- You have 3 options with the SilverSneakers program:
  - Join a participating fitness facility - $15 reimburseable annual membership.
  - Exercise at home with a wide range of at-home fitness kits - $15 annual reimburseable fee for up to 2 kits.
  - Spadata, out-of-network fitness facility and receive $110 reimbursement pay for your membership fees.

**HEARING AIDS**

- All copayments for hearing aids for a copay through our partner, TruHearing. Hearing aids are available in various sizes and styles from a participating TruHearing audiologist.

**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 complete a Medicare Part D prescription drug form. For more information, please call EPIC at 1-855-332-3742 (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.

**EPIC - ELDERLY PHARMACEUTICAL INSURANCE COVERAGE**

- We offer coverage for hearing aids for a copay through our partner, TruHearing. Hearing aids are available in various sizes and styles from a participating TruHearing audiologist.

**MEDICARE PART D PRESCRIPTION DRUG COVERAGE**

- **In-Network**: You get lower copayments and coinsurance. You get more choice about where to go for care.
- **Out-of-Network**: You get the same benefits but may pay more for your care.
- **Pharmacy Network**: The list of pharmacies that provide service under the plan.
- **Formulary**: The list of drugs covered under the plan.

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