

MEDICARE ADVANTAGE PLANS 2018



For residents in Herkimer County, NY.

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Y0028_5206_0 Accepted

	MEDICARE BLUE ESSENTIAL (PPO)		MEDICARE BLUE CLASSIC (PPO)		MEDICARE BLUE SECURE (PPO)		MEDICARE BLUE ENHANCED (PPO)		MEDICARE BASSETT (HMO-POS)	
PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Monthly Plan Premium	\$0		\$40		\$89		\$125		\$104	
DOCTOR VISITS										
Primary Care Physician	\$10	\$25	\$5	\$25	\$5	\$25	\$5	\$20	\$5	30% coinsurance
Physician Specialist	\$45	\$60	\$40	\$60	\$40	\$55	\$35	\$50	\$40	30% coinsurance
INPATIENT CARE										
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	Days 1-5 = \$300 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	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	\$395	30% coinsurance	\$350	30% coinsurance	\$300	30% coinsurance	\$200	30% coinsurance	\$200	30% coinsurance
Observation Services	\$395	30% coinsurance	\$350	30% coinsurance	\$300	30% coinsurance	\$200	30% coinsurance	\$200	30% coinsurance
Hospital Outpatient Facility	\$395	30% coinsurance	\$350	30% coinsurance	\$300	30% coinsurance	\$200	30% coinsurance	\$200	30% coinsurance
LAB & OTHER TESTS										
Laboratory Tests	\$12	30% coinsurance	\$6	30% coinsurance	\$5	30% coinsurance	\$0	30% coinsurance	\$0	30% coinsurance
Diagnostic Imaging	\$175	30% coinsurance	\$175	30% coinsurance	\$150	30% coinsurance	\$125	30% coinsurance	20% coinsurance	30% coinsurance
X-Rays and Ultrasounds	\$50	\$60	\$45	\$60	\$40	\$55	\$40	\$50	\$20	30% coinsurance
EMERGENCY SERVICES										
Ambulance Services	\$250		\$240		\$225		\$150		\$200	
Emergency Care	\$80		\$80		\$80		\$80		\$80	
Urgent Care	\$65		\$40		\$40		\$40		\$40	
OTHER SERVICES										
Chiropractic	\$15	\$25	\$10	\$25	\$10	\$25	\$10	\$20	\$15	30% coinsurance
Diabetic Supplies	\$5	30% coinsurance	\$5	30% coinsurance	\$5	30% coinsurance	\$5	30% coinsurance	\$5	30% coinsurance
Durable Medical Equipment	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Physical Therapy (limits apply*)	\$40	\$50	\$40	\$50	\$40	\$50	\$40	\$50	\$35	30% coinsurance
PLAN EXTRAS										
Annual Fitness Benefit (Silver&Fit)	Covered		Covered		Covered		Covered		Covered	
Annual Routine Vision Exam	\$45	\$60	\$40	\$60	\$40	\$55	\$35	\$50	\$35	Not Covered
Annual Routine Hearing Exam	\$45	\$75	\$45	\$75	\$45	\$75	\$45	\$75	\$45	Not Covered
Annual Hearing Aid Benefit (TruHearing)	Covered		Covered		Covered		Covered		Covered	Not Covered
OUT OF POCKET/POS COVERAGE LIMIT										
Out of Pocket Maximum	\$6,700	\$10,000	\$6,700	\$10,000	\$6,700	\$10,000	\$5,000	\$8,500	\$6,700	N/A
Point of Service Plan Coverage Limit	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$3,000

* 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

MEDICARE PART D PRESCRIPTION DRUG COVERAGE		MEDICARE BLUE ESSENTIAL (PPO)		MEDICARE BLUE CLASSIC (PPO)		MEDICARE BLUE SECURE (PPO)		MEDICARE BLUE ENHANCED (PPO)		MEDICARE BASSETT (HMO-POS)	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PLAN BENEFITS	WHAT IS THIS?										
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	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)*		\$0 Deductible		\$0 Deductible		\$0 Deductible		\$0 Deductible	
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	Emergency Only	\$0	Emergency Only	\$0	Emergency Only	\$4	Emergency Only
Tier 2: Generic	Most other generic drugs on our formulary.	\$14		\$10		\$10		\$8		\$8	
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		\$45	
Tier 4: Non-Preferred Drug	All other brand-name drugs on our formulary.	\$100*		\$100		\$100		\$100		\$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.	25% coinsurance*		33% coinsurance		33% 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 \$3,750. 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		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		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		\$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.

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 and a 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.