

CHOOSE YOUR MEDICARE PLAN WITH CONFIDENCE 2018

EXCLUSIVE MEMBER ADVANTAGES

OUR PLANS GIVE YOU THE COVERAGE YOU NEED AND THE STRENGTH OF EXCELLUS BLUECROSS BLUESHIELD.

Access to the Doctors & Hospitals You Want

You get a robust network of doctors and hospitals dedicated to providing affordable, quality health care services. **With our HMO plans**, you select a Primary Care Physician who will coordinate all of your medical care. Additionally, our **HMO Point-of-Service plans** give you the freedom to receive select services from doctors and hospitals that are not in our network, without having to pay the full cost yourself!

Urgent and Emergency Coverage

We offer worldwide coverage if you need urgent care or emergency care whenever and wherever you travel.

Travelers & Snow Birds

Our HMO Point-of-Service plans provide members with limited out of area coverage. You have some out-of-network coverage, such as doctor visits, diagnostic tests or lab services, hospital services and more. An annual dollar limit applies to this benefit. If you have questions, please call us.

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

Get a Gym Membership for \$25!

You have 3 options with the Silver&Fit® program¹:

- **Join a participating Fitness Facility** where you can work out, take classes and meet other Silver&Fit members - \$25 annual membership fee.
- **Exercise at home** with a wide range of in-home fitness kits such as Yoga, Chair Exercise, Aquatic Exercise and more. Kits may include DVD, guides and other items - \$10 annual fee for up to 2 kits.
- **Join a qualified, out-of-network Fitness Facility** and receive up to a \$150 reimbursement yearly for membership fees.

Hearing Aids

We offer coverage for hearing aids through our partner, TruHearing®. Choose from the TruHearing Flyte Advanced or the Flyte Premium hearing aids available in various styles and colors. There is a copay with this benefit and you must get the hearing aid from a TruHearing participating vendor.

Preventive Care Services

We cover many preventive services to help maintain your health and well-being. Some of the \$0 preventive services covered in full when using our network providers include:

- Flu Shot
- Pneumonia Vaccination
- Mammogram
- Cardiovascular screenings
- Colorectal cancer screenings
- Prostate cancer screenings (PSA)
- Cervical cancer screenings
- Diabetes screenings
- "Welcome to Medicare" preventive visit (one time)

And more!

Other features of our plans include \$0 Tier 1 generic drugs, Telemedicine video conferencing with network doctors right from your home or while traveling and our Online Newsletter (ExcellusMedicare.com/Email).

MEDICARE SUPPLEMENT PLANS

We offer several Medicare Supplement plans, also known as "Medigap" plans. Medicare Supplement plans work hand-in-hand with Original Medicare to help pay costs that Original Medicare does not, such as copayments, coinsurance, and deductibles. Please call us for more information.

EPIC-ELDERLY PHARMACEUTICAL INSURANCE COVERAGE

You may be able to save money as a member of EPIC (Elderly Pharmaceutical Insurance Coverage), a program sponsored by New York State for people 65 years old 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.

There are two plans:

- **The EPIC Fee Plan** allows you to pay lower monthly Medicare Part D plan premiums and lower costs on your prescription drugs. Eligible annual income up to \$20,000 single/ \$26,000 married.[†]
- **The EPIC Deductible Plan** gives you lower costs on your Part D prescription drugs after you meet your EPIC deductible. Eligible annual income \$20,001 to \$75,000 single/ \$26,001 to \$100,000 married.[†]

EPIC also has a Part D Premium Assistance Program for those with an eligible annual income up to \$23,000 single/\$29,000 married.[†] Call EPIC for details.

You can enroll in EPIC at any time of the year. For questions or more information call EPIC at 1-800-332-3742, Monday-Friday, 8:00 a.m. to 5:00 p.m. (TTY 1-800-290-9138) or visit the EPIC website at health.ny.gov/health_care/epic.

([†]As of 4/1/2014)

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 1-800-659-1986 (TTY: 1-800-421-1220).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-659-1986 (TTY: 1-800-421-1220)。

ELIGIBILITY AND SERVICE AREA:

To be eligible for enrollment, individuals must have both Medicare Part A and Part B coverage and reside in the service area of the Plan. (see counties on cover)

MEDICARE ADVANTAGE HMO PLANS:

You must use in-network plan providers except in emergency or urgent care situations, or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor Excellus BCBS will be responsible for the costs.

FOR PART D (PRESCRIPTION DRUG) PLANS:

In general, you must use network pharmacies to access your prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply.

ENROLLMENT AND BENEFIT INFORMATION:

Individuals may enroll in our plan only during specific times of the year. Contact Excellus BCBS for more information.

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

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.

1. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). ASH is an independent company that offers these services on behalf of Excellus BlueCross BlueShield. All programs and services are not available in all areas. Silver&Fit is a federally registered trademark of ASH.



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

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Y0028_5187_0 Accepted



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QUESTIONS?

Call TOLL-FREE: **1-888-529-1386**

TTY/TDD users: **1-800-421-1220**

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

Or visit **ExcellusMedicare.com**.



OUR MEDICARE ADVANTAGE PLANS

LIVE FEARLESS

READY TO ENROLL? HERE'S HOW!

	Monthly Plan Premium	Primary Care Physician	Specialist	Urgent Care Facility	Emergency Room Care	Part D Prescription Drug Coverage	Inpatient Hospital Services	Outpatient & Ambulatory Hospital Services	Ambulance	Lab Tests	Chiropractic Services	X-ray Services	Diagnostic Radiology (MRI, CT Scan, Etc.)	Diabetic Supplies	Routine Hearing Exam	TruHearing Hearing Aids	Routine Vision Exam/ Eyewear Allowance	Preventive Dental Services	Annual Out of Pocket Maximum Protection
MEDICARE BLUE CHOICE® SELECT (HMO-POS)⁺	\$0	\$15 (IN) 30% coinsurance (OON)	\$50 (IN) 30% coinsurance (OON)	\$50	\$80	\$360 Deductible (Tiers 3 - 5)* \$0/\$15/\$47*/\$100* 25%*	Days 1-5 = \$360/per day Days 6+ = Fully covered (IN) 30% coinsurance (OON)	20% coinsurance (IN) 30% coinsurance (OON)	\$150	\$15 (IN) 30% coinsurance (OON)	\$15 (IN) 30% coinsurance (OON)	\$55 (IN) 30% coinsurance (OON)	20% coinsurance (IN) 30% coinsurance (OON)	\$5 (IN) 30% coinsurance (OON)	\$45 (IN) Not covered (OON)	\$699 & \$999 (IN) Not covered (OON)	\$50/exam (IN) Not covered (OON) No Allowance	Not Covered	\$6,700/ annually
MEDICARE BLUE CHOICE® VALUE (HMO)	\$74	\$10	\$50	\$40	\$80	\$225 Deductible (Tiers 3 - 5)* \$0/\$15/\$47*/\$100* 28%*	Days 1-5 = \$360/per day Days 6+ = Fully covered	\$390	\$150	\$12	\$10	\$50	20% coinsurance	\$5	\$45	\$699 & \$999	\$50/exam No Allowance	Not Covered	\$6,700/ annually
MEDICARE BLUE CHOICE® VALUE PLUS (HMO)	\$152	\$10	\$45	\$40	\$80	No Deductible \$0/\$15/\$47/\$100 33%	Days 1-5 = \$310/per day Days 6+ = Fully covered	\$380	\$150	\$12	\$10	\$50	\$175	\$5	\$45	\$699 & \$999	\$45/exam \$75 Allowance	Covered - see below	\$6,700/ annually
MEDICARE BLUE CHOICE® OPTIMUM (HMO-POS)⁺	\$251	\$10 (IN) 30% coinsurance (OON)	\$40 (IN) 30% coinsurance (OON)	\$40	\$80	No Deductible \$0/\$12/\$47/\$100 33%	Days 1-5 = \$285/per day Days 6+ = Fully covered (IN) 30% coinsurance (OON)	\$250 (IN) 30% coinsurance (OON)	\$150	\$0 (IN) 30% coinsurance (OON)	\$10 (IN) 30% coinsurance (OON)	\$40 (IN) 30% coinsurance (OON)	\$150 (IN) 30% coinsurance (OON)	\$5 (IN) 30% coinsurance (OON)	\$45 (IN) Not covered (OON)	\$699 & \$999 (IN) Not Covered (OON)	\$40/exam (IN) Not covered (OON) \$120 Allowance	Covered - see below	\$6,700/ annually
	You must continue to pay your Medicare Part B premium.			Worldwide Coverage	Worldwide Coverage. Copay waived if admitted to hospital within 23 hours of ER visit.	*Drug Tier has Part D deductible. If no deductible, coverage starts immediately.		Same day surgical or treatment procedure for Outpatient and Ambulatory services.		Covers all Medicare covered services ordered by your provider.					Once per calendar year with a TruHearing provider.	TruHearing is an independent company that offers hearing products and services to Excellus BCBS members.	Per calendar year.	We pay allowed amount for routine preventive care: 2 oral exams, 2 cleanings, 2 x-rays per year. (2)	Excludes Premium and Part D costs.



You can quickly and easily complete your application online, 24/7! Simply visit ExcellusMedicare.com and click on the "I am Ready to Enroll" button.



One of our Medicare sales advisors is here to help you every step of the way. Just call us toll-free at the numbers below.



You can attend one of our free, no obligation Medicare seminars right in your neighborhood! Just register online or call the toll-free numbers below to schedule a meeting.**



You can stop by the **Excellus BCBS Resource Center at 1946 W. Ridge Rd., Rochester, NY 14626**. Go to Visit.ExcellusBCBS.com/Medicare for hours.



Fill out a paper application and mail it to us.

TO ENROLL OR FOR QUESTIONS

Call TOLL-FREE: **1-888-529-1386**

TTY/TDD users: **1-800-421-1220**

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Or visit ExcellusMedicare.com.

(2) For Preventive Dental Services: We pay all allowable charges or dentist's charges (whichever is less), and you pay any additional costs. + HMO-POS plans provide some out-of-network coverage. You pay 30% coinsurance out-of network. Coverage limit of \$3,000 per year. 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/co-insurance may change on January 1 of each year.

(IN) = In-Network (OON) = Out-of-Network

We also offer a Medicare Advantage Plan without Part D Prescription Drug Coverage. Ask us for information.

**A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings call 1-800-659-1986 (TTY 1-800-421-1220).