

**Department of
Civil Service****ANDREW M. CUOMO**
Governor
LOLA W. BRABHAM
Commissioner

August 18, 2020

Ms. Mary Bowe
Regional Vice President of Sales
Excellus BlueCross BlueShield
165 Court Street
Rochester, New York 14647

VIA U.S. POSTAL MAIL & ELECTRONIC MAIL:

Mary.Bowe@excellusbcbs.com

RE: Clarification Request #1 - Solicitation entitled: "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

Dear Ms. Bowe:

On July 24, 2020, Excellus BlueCross BlueShield (dba HMOBlue) submitted a proposal in response to the Department of Civil Service's above solicitation. Upon review, the Joint Labor Management Committee (JLMC) identified the following sections of your proposal that require clarification:

Administrative Proposal:

1. **Exhibit III, Attachment 9, Subcontractors:** Under Contract Term and Renewal Dates, the following service(s) include the term "ongoing." Please confirm that notification will be provided to all members of the JLMC of any change in status during the 2021 NYSHIP plan year for the following subcontractors:
 - a. Prescription Drug - Noble Pharmacy;
 - b. Prescription Drug - Onco360; and
 - c. Worksite Wellness - Wellness Programs with Value (WPV).

Technical Proposal:

1. **Page 2, Question 5:** Please provide additional information regarding network adequacy amongst specialists, hospitals, and other facilities. Also, HMOBlue provides overall statistics regarding specialist. Please provide breakouts by specific specialties.

2. **Page 8, Question 13:** Please provide upheld and denied appeals statistics for both internal and external appeals. HMOBlue's response in these tables claim that modified appeals are "Not Reportable." Please explain why this is not a reportable metric.
3. **Page 8, Question 17:** The Excellus BCBS Medicare Advantage Plan (MAP) (Medicare Blue Choice) maintained a 4.5 Star CMS rating in 2018 and 2019. That rating has fallen to 4.0 Stars for 2020. Please explain this decline.
4. **Page 8, Question 18:** HMOBlue implies it will be sending a Medicare enrollment file on a monthly basis. Please confirm that HMOBlue will be submitting a Medicare enrollment file on a weekly basis, as required in Section 3.4.1.b of the solicitation.
5. **Page 11, Question 24:** HMOBlue's gender reassignment surgical criteria appear to be more stringent than other plans in the marketplace. Please provide justification for HMOBlue's criteria.
6. **Page 15, Question 1.b:** Can HMOBlue please provide dummy login credentials so that the JLMC may review the member portal?
7. **Page 228, Exhibit VII Medicare Evidence of Coverage:** Does coinsurance apply to the Medicare allowed amount or is it based on billed charges?
8. **Section XIII, 2021 Medicare Advantage Schedule of Benefits:** How does HMOBlue justify a 20% coinsurance for outpatient Mental Health and Substance Abuse (MHSA) services under their proposed MAP, while a medical office visit is a \$20 copay under the same plan? Please explain how this is compliant with the Mental Health Parity and Addiction Equity Act (MHPAEA).
9. **Exhibit XIII, Summary of Benefits and Coverage (SBC):** Both SBCs indicate a 30-day limit for Habilitation Services. Please confirm if day limits exist for each type of therapy (e.g. physical, occupational, and speech), or if the limitation is placed on total therapy combined, as it is described on pg. 6 of the Schedule of Benefits. Provide corrected SBCs if necessary.
10. **Exhibit XIII, The 2021 NYSHIP Side-by-Side Benefit Comparison HMOBlue \$25 Copay Option and Medicare Blue HMO-Medicare Advantage:**
 - a. The HMOBlue \$25 Copay Option indicates a 360 day per lifetime maximum for Skilled Nursing. This does not appear in the contract or other documents. Please advise if there is a maximum and if so, add to the other documents where appropriate. Please submit corrected documents.

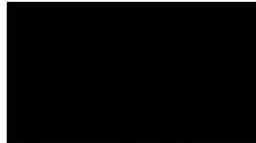
- b. Please explain benefit limitations and coinsurance amounts for Diabetic Shoes for both the Commercial and Medicare Advantage plans.

- 11. Exhibit XIII, 2021 NYSHP Side-by-Side Benefit Comparison for HMOBlue \$25 Copay Option and Medicare Blue HMO-Medicare Advantage:** This document indicates a \$40 copay for outpatient mental health. Other documents, including 2021 *Choices*, indicate a \$25 copay, which is what the 2020 *Choices* benefit is. The side-by-side comparison does not list this change either. Please advise what the benefit is and submit corrected copies.
- 12. Exhibit XVII, *Choices*:** The Commercial *Choices* page lists the cost sharing for Telemedicine as “No Copayment.” The MAP *Choices* page lists the cost sharing for Telemedicine as “\$20 copay for consult, 20% coinsurance for mental health.” Please advise what the cost sharing arrangement is for Commercial enrollees who receive mental health service through Telemedicine. Please explain how the 20% coinsurance for mental health is consistent with the Mental Health Parity Addiction and Equity Act (MHPAEA).
- 13. Exhibit XVII, *Choices*, MAP:** Regarding Inpatient Mental Health for MAP, there is a 190-day lifetime limit in a psychiatric facility. Please explain how this is consistent with MHPAEA. Are lifetime limits for this benefit allowed under the Patient Protection and Affordable Care Act (PPACA)?
- 14. Exhibit XVIII, Side by Side Comparison - MAP:** It appears that “Telemedicine: \$20 copay for consult, 20% coinsurance for mental health” was newly added to the MAP *Choices* page for Plan Year 2021. This information was not noted in the MAP Side by Side. Please update the document and resubmit.
- 15. Exhibit XVIII, Side by Side Comparison - MAP:** It appears that “Medicare Part B Drugs: 20% coinsurance” was newly added to the MAP *Choices* page for Plan Year 2021. This information was not noted in the MAP Side by Side. Please update the document and resubmit.
- 16. Exhibit XIX, Attachment 30:** Attachment 30 was provided twice in HMOBlue’s submission, the second of which indicates approval for a certificate of coverage, chiropractic coverage and an eligibility rider that does not apply to this proposal. Please clarify and submit a corrected copy.
- 17. Certificate of Coverage, Schedule of Benefits and NYSHIP Eligibility Rider:** Please confirm that finalized versions of all submitted “Draft” and “Pending” documents will be distributed to the JLMC as soon as they are available.

18. HMOBlue's membership letter for the Commercial Plan and Medicare Plan indicates there are more than 3,200 doctors and specialists to choose from; *Choices* indicates there are 4,700. Please reconcile this discrepancy and submit a corrected copy of the appropriate document.
19. HMOBlue did not include any Optional Marketing Materials in its submission. Please confirm that HMOBlue does not intend to send any Optional Marketing Materials to NYSHIP members for the 2021 Plan Year. If HMOBlue plans to send Optional Marketing Materials, please submit a copy of these Optional Marketing Materials.
20. Please confirm whether under the MAP, diabetic medications (including injectable insulin) are processed as part of the Medicare Part D formulary or through Medicare Part B coverage. Please also confirm this for diabetic supplies (lancets, syringes, testing kits and other supplies, etc.).

A response to this request is due no later than August 25, 2020. Please email your response to DCSProcurement@cs.ny.gov. We look forward to your timely response and advancing to the next stage of the solicitation process.

Sincerely,



James DeWan
Director
Employee Benefits Division

RE: Clarification Request #1 Response - Solicitation entitled: "Health Maintenance Organizations Specifications for the New York State Health Insurance Program" HMOBlue

Administrative Proposal:

1. **Exhibit III, Attachment 9, Subcontractors:** Under Contract Term and Renewal Dates, the following service(s) include the term "ongoing." Please confirm that notification will be provided to all members of the JLMC of any change in status during the 2021 NYSHIP plan year for the following subcontractors:
 - a. Prescription Drug - Noble Pharmacy;
 - b. Prescription Drug - Onco360; and
 - c. Worksite Wellness - Wellness Programs with Value (WPV).

Confirmed.

Technical Proposal:

1. **Page 2, Question 5:** Please provide additional information regarding network adequacy amongst specialists, hospitals, and other facilities. Also, HMOBlue provides overall statistics regarding specialist. Please provide breakouts by specific specialties.

A broken out specialty access report is provided as Exhibit A.

2. **Page 8, Question 13:** Please provide upheld and denied appeals statistics for both internal and external appeals. HMOBlue's response in these tables claim that modified appeals are "Not Reportable." Please explain why this is not a reportable metric.

HMO Blue

Internal			
2019	Filed	Upheld	Modified
Administrative	2	2	Not Reportable
Clinical	3	2	Not Reportable

External			
2019	Filed	Upheld	Modified
Administrative	0	0	Not Reportable
Clinical	0	0	Not Reportable

The Modified Metric was listed as not reportable due to a specific data field that would have to be implemented into our current working database. At this time it is a manual process that would require each case to be reviewed and then determine if a case was reopened and a modified final decision was made.

3. **Page 8, Question 17:** The Excellus BCBS Medicare Advantage Plan (MAP) (Medicare Blue Choice) maintained a 4.5 Star CMS rating in 2018 and 2019. That rating has fallen to 4.0 Stars for 2020. Please explain this decline.

Excellus BlueCross BlueShield's (BCBS) 2020 STAR rating fell to 4 STARS due to a number of reasons.

- Decrease in 4 CAHPS (Member Experience) scores: Scores fell for "Getting Needed Care", "Customer Service", "Rating of Health Plan", and "Care Coordination".
- Decrease in STARS "reward Factor". A low "reward factor" indicates higher variance amongst a plan's individual STAR rating measure scores)
- Increase in National STAR level cut-points

A primary focus over the past year has been on improving member & patient experience.

- Excellus BCBS has implemented a "closed loop" process for responding to member feedback, complaints, and barriers to care addressed via surveys.
- Addition of patient experience measures as a quality measure within our value-based payment arrangements we have with provider systems.

- Predictive and visual analytics program to identify members with specific pain-points in accessing care or interacting with the health plan system.
- Enhanced outreach to members determined as high-risk for needing assistance.

4. Page 8, Question 18: HMOBlue implies it will be sending a Medicare enrollment file on a monthly basis. Please confirm that HMOBlue will be submitting a Medicare enrollment file on a weekly basis, as required in Section 3.4.1.b of the solicitation.

Confirmed. Excellus BCBS will submit a Blue Choice Medicare enrollment file on a weekly basis, as required in Section 3.4.1.b of the solicitation.

5. Page 11, Question 24: HMOBlue's gender reassignment surgical criteria appear to be more stringent than other plans in the marketplace. Please provide justification for HMOBlue's criteria.

Excellus BCBS feels our policy is consistent with the marketplace and have based our criteria on the "World Professional Association for Transgender Health" Standards of Care. We carefully review competitive intelligence during our criteria review and evidenced based literature. We are happy to provide additional information however, without understanding which components are "more stringent than other health plans in the marketplace" it is difficult to provide any additional justification needed.

6. Page 15, Question 1.b: Can HMOBlue please provide dummy login credentials so that the JLMC may review the member portal?

Excellus BCBS would be pleased to provide the JLMC members with a clickable prototype demonstrating key features and functions of our member portal.

Unfortunately, our internal information security policy prohibits us from supplying generic accounts or temporary ID's. These requirements demonstrate compliance with external regulatory requirements for Health and Human Services (HHS) for HIPAA Security/Privacy and NYS Department of Financial Services Cybersecurity.

7. Page 228, Exhibit VII Medicare Evidence of Coverage: Does coinsurance apply to the Medicare allowed amount or is it based on billed charges?

Co-insurance applies to the Medicare Allowed Amount.

8. Section XIII, 2021 Medicare Advantage Schedule of Benefits: How does HMOBlue justify a 20% coinsurance for outpatient Mental Health and Substance Abuse (MHSA) services under their proposed MAP, while a medical office visit is a \$20 copay under the same plan? Please explain how this is compliant with the Mental Health Parity and Addiction Equity Act (MHPAEA).

Medicare – The 20% coinsurance for outpatient mental health applies to the Medicare Advantage Plan benefit structure. The Mental Health Parity and Addiction Equity Act (MHPAEA) does not apply to the Medicare Advantage Plan.

The final regulation applies to non-Federal governmental plans with more than 50 employees, and to group health plans of private employers with more than 50 employees. It also applies to health insurance coverage in the individual health insurance market. Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) are not group health plans or issuers of health insurance. They are public health plans through which individuals obtain health coverage.

https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet

9. Exhibit XIII, Summary of Benefits and Coverage (SBC): Both SBCs indicate a 30-day limit for Habilitation Services. Please confirm if day limits exist for each type of therapy (e.g. physical, occupational, and speech), or if the limitation is placed on total therapy combined, as it is described on pg. 6 of the Schedule of Benefits. Provide corrected SBCs if necessary.

Therapy visit limitations are placed on the total combined therapy visits as described on the Schedule of Benefits, HMO Blue Benefit Summary and HMO Blue Choices Page. Please see the revised Exhibit XIII for the updated SBC's that note combined visits.

10. Exhibit XIII, The 2021 NYSHIP Side-by-Side Benefit Comparison HMOBlue \$25 Copay Option and Medicare Blue HMO-Medicare Advantage:

a. The HMOBlue \$25 Copay Option indicates a 360 day per lifetime maximum for Skilled Nursing. This does not appear in the contract or other documents. Please advise if there is a maximum and if so, add to the other documents where appropriate. Please submit corrected documents.

The 360 day per lifetime max does not apply to the HMO Blue Commercial HMO. Please see the revised Exhibit XIII NYSHIP Side-by-Side Benefit Comparison for HMOBlue \$25 Copay Option and Medicare Blue HMO-Medicare Advantage.

- b. Please explain benefit limitations and coinsurance amounts for Diabetic Shoes for both the Commercial and Medicare Advantage plans.

Diabetic Shoes are covered when medically necessary at 50% under the Commercial HMO Blue plan, 3 pairs annually and 80% under the Medicare Blue Choice (MAP), 1 pair annually.

- 11. Exhibit XIII, 2021 NYSHP Side-by-Side Benefit Comparison for HMOBlue \$25 Copay Option and Medicare Blue HMO-Medicare Advantage:** This document indicates a \$40 copay for outpatient mental health. Other documents, including 2021 *Choices*, indicate a \$25 copay, which is what the 2020 *Choices* benefit is. The side-by-side comparison does not list this change either. Please advise what the benefit is and submit corrected copies.

Please refer to the updated "Exhibit XIII 2021 NYSHIP Benefit Comparison HMO Blue 25 vs MCR BC" which notes the \$25 copay under the Commercial Outpatient Mental Health benefit.

- 12. Exhibit XVII, *Choices*:** The Commercial *Choices* page lists the cost sharing for Telemedicine as "No Copayment." The MAP *Choices* page lists the cost sharing for Telemedicine as "\$20 copay for consult, 20% coinsurance for mental health." Please advise what the cost sharing arrangement is for Commercial enrollees who receive mental health service through Telemedicine. Please explain how the 20% coinsurance for mental health is consistent with the Mental Health Parity Addiction and Equity Act (MHPAEA)

The cost sharing for Telemedicine medical and behavioral health visits via MDLive is "No Copayment".

Medicare – The 20% coinsurance for mental health applies to the Medicare Advantage Plan benefit structure. The Mental Health Parity and Addiction Equity Act (MHPAEA) does not apply to the Medicare Advantage Plan.

The final regulation applies to non-Federal governmental plans with more than 50 employees, and to group health plans of private employers with more than 50 employees. It also applies to health insurance coverage in the individual health insurance market. Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) are not group health plans or issuers of health insurance. They are public health plans through which individuals obtain health coverage.

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- 13. Exhibit XVII, Choices, MAP:** Regarding Inpatient Mental Health for MAP, there is a 190-day lifetime limit in a psychiatric facility. Please explain how this is consistent with MHPAEA. Are lifetime limits for this benefit allowed under the Patient Protection and Affordable Care Act (PPACA)?

Medicare – The 190-day lifetime limit for inpatient mental health applies to the Medicare Advantage Plan benefit structure. The Mental Health Parity and Addiction Equity Act (MHPAEA) does not apply to the Medicare Advantage Plan.

The final regulation applies to non-Federal governmental plans with more than 50 employees, and to group health plans of private employers with more than 50 employees. It also applies to health insurance coverage in the individual health insurance market. Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) are not group health plans or issuers of health insurance. They are public health plans through which individuals obtain health coverage.

https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet

- 14. Exhibit XVIII, Side by Side Comparison - MAP:** It appears that "Telemedicine: \$20 copay for consult, 20% coinsurance for mental health" was newly added to the MAP *Choices* page for Plan Year 2021. This information was not noted in the MAP Side by Side. Please update the document and resubmit.

Confirming the Telemedicine benefit of a \$20 copay for a consult, and a 20% coinsurance for mental health was newly added to the MAP Choices page for Plan Year 2021 and not a new benefit change, therefore it was not noted in Exhibit XVIII Side by Side MAP. Please refer to the updated "Exhibit XIII 2021 NYSHIP Benefit Comparison HMO Blue vs MCR BC" with Telemedicine added.

- 15. Exhibit XVIII, Side by Side Comparison - MAP:** It appears that "Medicare Part B Drugs: 20% coinsurance" was newly added to the MAP *Choices* page for Plan Year 2021. This information was not noted in the MAP Side by Side. Please update the document and resubmit.

Confirming that adding the 20% coinsurance for Medicare Part B Drugs is new to the MAP Choices page and not a new benefit change, therefore it was not noted in Exhibit XVIII Side by Side MAP. Please refer to the updated "Exhibit XIII 2021 NYSHIP Benefit Comparison BC25 vs MCR BC" with the benefits listed under "Outpatient Medicare Part B Prescription Drug".

- 16. Exhibit XIX, Attachment 30:** Attachment 30 was provided twice in HMOBlue's submission, the second of which indicates approval for a certificate of coverage, chiropractic coverage and an eligibility rider that does not apply to this proposal. Please clarify and submit a corrected copy.

Please refer to the updated Exhibit XIX Attachment 30, Medicare Advantage (Mcr. Blue Choice) Contract Rider and Summary-"Health Maintenance Organizations Specifications for the New York State Health Insurance Program".

- 17. Certificate of Coverage, Schedule of Benefits and NYSHIP Eligibility Rider:** Please confirm that finalized versions of all submitted "Draft" and "Pending" documents will be distributed to the JLMC as soon as they are available.

Confirmed.

- 18.** HMOBlue's membership letter for the Commercial Plan and Medicare Plan indicates there are more than 3,200 doctors and specialists to choose from; *Choices* indicates there are 4,700. Please reconcile this discrepancy and submit a corrected copy of the appropriate document.

The correct access points to providers under the Commercial HMO Blue and Medicare Blue Choice in the Central New York and Utica regions is +4700 physicians and healthcare professionals.

Please refer to Exhibit XIII 2021 NYSHIP HMO Blue Member Letter and Exhibit XIII 2021 NYSHIP Medicare Blue Choice CNY Member Letter with the revised language.

- 19.** HMOBlue did not include any Optional Marketing Materials in its submission. Please confirm that HMOBlue does not intend to send any Optional Marketing Materials to NYSHIP members for the 2021 Plan Year. If HMOBlue plans to send Optional Marketing Materials, please submit a copy of these Optional Marketing Materials.

Excellus BCBS will provide copies of Optional Marketing Material to all JLMC Contact Members when available and prior to the deadline of November 5, 2020 per attachment 26 of the Health Maintenance Organizations Specifications.

- 20.** Please confirm whether under the MAP, diabetic medications (including injectable insulin) are processed as part of the Medicare Part D formulary or through Medicare Part B coverage. Please also confirm this for diabetic supplies (lancets, syringes, testing kits and other supplies, etc.).

- **Covered under Part B: Test strips, lancets, insulin pump & meter.**
- **Covered under Part D: Syringes/pen needles**
- **Covered under Part D or Part B: For most members, insulin is covered under Part D. If the member is using insulin in conjunction with an insulin pump, the benefit is covered under Part B.**

Adequacy Detail By County SSA

August 27, 2020

Beneficiary Group
 Medicare Sample Beneficiaries 2020
 Service Area
 HMO Blue
 Provider Group
 HMO Blue

¹ Access standards are based on the values indicated in the MA Reference table from CMS.
² The average driving distance in miles to the first closest provider to each beneficiary.
³ The number of servicing providers (Svc'g) must be greater or equal to the number of required providers (Req'd), beds (Acute Care) to pass.

Generated using 'Medicare Part C (2020)' template.

All Beneficiaries												
County Class	County	County SSA	Specialty		Access Requirements ¹				Provider Requirements ³			Met Overall
			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met	
CEAC	Hamilton, NY	33310	S03	Primary Care	100.0	0.0	8.4	Y	1	492	Y	Y
			007	Allergy and Immunology	100.0	0.0	50.4	Y	1	27	Y	Y
			008	Cardiology	100.0	0.0	34.6	Y	1	529	Y	Y
			010	Chiropractor	100.0	0.0	26.0	Y	1	295	Y	Y
			011	Dermatology	100.0	0.0	51.3	Y	1	72	Y	Y
			012	Endocrinology	100.0	0.0	73.8	Y	1	7	Y	Y
			013	ENT/Otolaryngology	100.0	0.0	36.7	Y	1	105	Y	Y
			014	Gastroenterology	100.0	0.0	41.6	Y	1	144	Y	Y
			015	General Surgery	100.0	0.0	35.4	Y	1	216	Y	Y
			016	Gynecology, OB/GYN	100.0	0.0	29.2	Y	1	386	Y	Y
			017	Infectious Diseases	100.0	0.0	56.9	Y	1	36	Y	Y
			018	Nephrology	100.0	0.0	40.7	Y	1	92	Y	Y
			019	Neurology	100.0	0.0	37.5	Y	1	227	Y	Y
			020	Neurosurgery	100.0	0.0	53.1	Y	1	57	Y	Y
			021	Oncology - Medical, Surgical	100.0	0.0	41.5	Y	1	127	Y	Y
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	50.7	Y	1	105	Y	Y
			023	Ophthalmology	100.0	0.0	36.1	Y	1	221	Y	Y
			025	Orthopedic Surgery	100.0	0.0	36.0	Y	1	308	Y	Y
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	47.0	Y	1	107	Y	Y
			027	Plastic Surgery	100.0	0.0	50.2	Y	1	51	Y	Y
028	Podiatry	100.0	0.0	32.6	Y	1	202	Y	Y			
029	Psychiatry	100.0	0.0	34.8	Y	1	211	Y	Y			
030	Pulmonology	100.0	0.0	37.8	Y	1	145	Y	Y			
031	Rheumatology	100.0	0.0	43.5	Y	1	41	Y	Y			
033	Urology	100.0	0.0	37.5	Y	1	126	Y	Y			
034	Vascular Surgery	100.0	0.0	39.0	Y	1	64	Y	Y			
035	Cardiothoracic Surgery	100.0	0.0	46.3	Y	1	49	Y	Y			
Metro	Broome, NY	33030	S03	Primary Care	98.7	1.3	2.4	Y	9	206	Y	Y
			007	Allergy and Immunology	100.0	0.0	6.1	Y	1	18	Y	Y
			008	Cardiology	99.0	1.0	5.2	Y	2	59	Y	Y
			010	Chiropractor	100.0	0.0	2.8	Y	1	59	Y	Y
			011	Dermatology	100.0	0.0	4.6	Y	1	31	Y	Y
			012	Endocrinology	0.1	99.9	50.1	N	1	3	Y	N
			013	ENT/Otolaryngology	100.0	0.0	6.3	Y	1	37	Y	Y
			014	Gastroenterology	100.0	0.0	6.7	Y	1	55	Y	Y
			015	General Surgery	98.7	1.3	4.9	Y	2	41	Y	Y
			016	Gynecology, OB/GYN	100.0	0.0	4.2	Y	1	66	Y	Y
017	Infectious Diseases	100.0	0.0	6.0	Y	1	19	Y	Y			
018	Nephrology	100.0	0.0	5.9	Y	1	24	Y	Y			

Adequacy Detail By County SSA

August 27, 2020

Beneficiary Group
 Medicare Sample Beneficiaries 2020
 Service Area
 HMO Blue
 Provider Group
 HMO Blue

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² The average driving distance in miles to the first closest provider to each beneficiary.
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Generated using 'Medicare Part C (2020)' template.

All Beneficiaries														
County Class	County	County SSA	Specialty		Access Requirements ¹				Provider Requirements ³			Met Overall		
			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met			
Metro	Broome, NY	33030	019	Neurology	100.0	0.0	4.4	Y	1	29	Y	Y		
			020	Neurosurgery	100.0	0.0	6.3	Y	1	17	Y	Y		
			021	Oncology - Medical, Surgical	100.0	0.0	6.4	Y	1	27	Y	Y		
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	6.4	Y	1	18	Y	Y		
			023	Ophthalmology	97.1	2.9	4.9	Y	2	22	Y	Y		
			025	Orthopedic Surgery	98.6	1.4	5.2	Y	1	48	Y	Y		
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	6.1	Y	1	9	Y	Y		
			027	Plastic Surgery	100.0	0.0	6.8	Y	1	18	Y	Y		
			028	Podiatry	100.0	0.0	3.7	Y	1	79	Y	Y		
			029	Psychiatry	100.0	0.0	4.4	Y	1	25	Y	Y		
			030	Pulmonology	100.0	0.0	5.1	Y	1	32	Y	Y		
			031	Rheumatology	100.0	0.0	7.2	Y	1	14	Y	Y		
			033	Urology	100.0	0.0	6.4	Y	1	33	Y	Y		
			034	Vascular Surgery	100.0	0.0	6.4	Y	1	18	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	6.8	Y	1	17	Y	Y		
			Cayuga, NY	33050	S03	Primary Care	99.8	0.2	4.3	Y	4	242	Y	Y
					007	Allergy and Immunology	99.2	0.8	8.0	Y	1	21	Y	Y
					008	Cardiology	99.8	0.2	7.2	Y	1	133	Y	Y
					010	Chiropractor	100.0	0.0	4.8	Y	1	146	Y	Y
					011	Dermatology	99.6	0.4	7.7	Y	1	32	Y	Y
					012	Endocrinology	90.5	9.5	30.6	Y	1	6	Y	Y
					013	ENT/Otolaryngology	100.0	0.0	7.2	Y	1	75	Y	Y
					014	Gastroenterology	100.0	0.0	7.2	Y	1	82	Y	Y
					015	General Surgery	99.8	0.2	6.9	Y	1	101	Y	Y
					016	Gynecology, OB/GYN	100.0	0.0	5.8	Y	1	165	Y	Y
					017	Infectious Diseases	100.0	0.0	21.8	Y	1	11	Y	Y
					018	Nephrology	100.0	0.0	7.1	Y	1	40	Y	Y
					019	Neurology	98.6	1.4	8.1	Y	1	122	Y	Y
					020	Neurosurgery	100.0	0.0	8.5	Y	1	28	Y	Y
					021	Oncology - Medical, Surgical	100.0	0.0	7.4	Y	1	56	Y	Y
					022	Oncology - Radiation/Radiation Onc...	100.0	0.0	21.9	Y	1	48	Y	Y
					023	Ophthalmology	99.6	0.4	7.0	Y	1	69	Y	Y
					025	Orthopedic Surgery	99.6	0.4	7.2	Y	1	140	Y	Y
					026	Physiatry, Rehabilitative Medicine	96.8	3.2	20.7	Y	1	55	Y	Y
					027	Plastic Surgery	100.0	0.0	13.0	Y	1	15	Y	Y
028	Podiatry	100.0	0.0	6.8	Y	1	89	Y	Y					
029	Psychiatry	100.0	0.0	7.3	Y	1	107	Y	Y					
030	Pulmonology	100.0	0.0	7.6	Y	1	66	Y	Y					
031	Rheumatology	98.4	1.6	25.1	Y	1	12	Y	Y					
033	Urology	100.0	0.0	7.5	Y	1	66	Y	Y					

Adequacy Detail By County SSA

August 27, 2020

Beneficiary Group
Medicare Sample Beneficiaries 2020

Service Area
HMO Blue

Provider Group
HMO Blue

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All Beneficiaries														
County Class	County	County SSA	Specialty		Access Requirements ¹				Provider Requirements ³			Met Overall		
			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met			
Metro	Cayuga, NY	33050	034	Vascular Surgery	100.0	0.0	20.7	Y	1	27	Y	Y		
			035	Cardiothoracic Surgery	94.2	5.8	28.5	Y	1	25	Y	Y		
	Chemung, NY	33070	S03	Primary Care	98.0	2.0	2.5	Y	4	176	Y	Y		
			007	Allergy and Immunology	100.0	0.0	5.0	Y	1	17	Y	Y		
			008	Cardiology	100.0	0.0	3.0	Y	1	70	Y	Y		
			010	Chiropractor	100.0	0.0	2.5	Y	1	47	Y	Y		
			011	Dermatology	100.0	0.0	6.1	Y	1	26	Y	Y		
			012	Endocrinology	100.0	0.0	7.6	Y	1	6	Y	Y		
			013	ENT/Otolaryngology	100.0	0.0	6.3	Y	1	33	Y	Y		
			014	Gastroenterology	100.0	0.0	3.8	Y	1	43	Y	Y		
			015	General Surgery	100.0	0.0	3.9	Y	1	49	Y	Y		
			016	Gynecology, OB/GYN	100.0	0.0	3.5	Y	1	52	Y	Y		
			017	Infectious Diseases	100.0	0.0	3.9	Y	1	18	Y	Y		
			018	Nephrology	100.0	0.0	5.1	Y	1	24	Y	Y		
			019	Neurology	100.0	0.0	3.2	Y	1	29	Y	Y		
			020	Neurosurgery	100.0	0.0	3.3	Y	1	27	Y	Y		
			021	Oncology - Medical, Surgical	100.0	0.0	4.6	Y	1	16	Y	Y		
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	4.7	Y	1	20	Y	Y		
			023	Ophthalmology	100.0	0.0	3.9	Y	1	34	Y	Y		
			025	Orthopedic Surgery	100.0	0.0	3.2	Y	1	74	Y	Y		
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	5.2	Y	1	6	Y	Y		
			027	Plastic Surgery	100.0	0.0	5.1	Y	1	17	Y	Y		
			028	Podiatry	100.0	0.0	3.3	Y	1	48	Y	Y		
			029	Psychiatry	100.0	0.0	4.3	Y	1	25	Y	Y		
			030	Pulmonology	100.0	0.0	4.6	Y	1	28	Y	Y		
			031	Rheumatology	100.0	0.0	4.6	Y	1	13	Y	Y		
			033	Urology	100.0	0.0	4.7	Y	1	28	Y	Y		
			034	Vascular Surgery	100.0	0.0	4.9	Y	1	13	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	4.9	Y	1	15	Y	Y		
			Fulton, NY	33280	S03	Primary Care	98.7	1.3	3.2	Y	3	80	Y	Y
					007	Allergy and Immunology	99.2	0.8	15.0	Y	1	4	Y	Y
	008	Cardiology			100.0	0.0	6.9	Y	1	119	Y	Y		
	010	Chiropractor			100.0	0.0	5.3	Y	1	58	Y	Y		
	011	Dermatology			99.2	0.8	26.7	Y	1	15	Y	Y		
012	Endocrinology	0.0			100.0	68.0	N	1	0	N	N			
013	ENT/Otolaryngology	100.0			0.0	7.3	Y	1	9	Y	Y			
014	Gastroenterology	100.0			0.0	6.4	Y	1	21	Y	Y			
015	General Surgery	100.0			0.0	6.8	Y	1	9	Y	Y			
016	Gynecology, OB/GYN	100.0			0.0	5.1	Y	1	84	Y	Y			
017	Infectious Diseases	100.0	0.0	34.9	Y	1	3	Y	Y					

Adequacy Detail By County SSA

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Metro	Fulton, NY	33280	018	Nephrology	100.0	0.0	7.1	Y	1	19	Y	Y			
			019	Neurology	100.0	0.0	5.7	Y	1	30	Y	Y			
			020	Neurosurgery	79.7	20.3	34.6	N	1	15	Y	N			
			021	Oncology - Medical, Surgical	99.2	0.8	14.7	Y	1	29	Y	Y			
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	15.0	Y	1	20	Y	Y			
			023	Ophthalmology	99.7	0.3	6.9	Y	1	42	Y	Y			
			025	Orthopedic Surgery	98.0	2.0	7.2	Y	1	11	Y	Y			
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	8.4	Y	1	28	Y	Y			
			027	Plastic Surgery	100.0	0.0	24.8	Y	1	15	Y	Y			
			028	Podiatry	100.0	0.0	10.4	Y	1	44	Y	Y			
			029	Psychiatry	100.0	0.0	6.9	Y	1	15	Y	Y			
			030	Pulmonology	100.0	0.0	7.2	Y	1	33	Y	Y			
			031	Rheumatology	99.7	0.3	28.0	Y	1	13	Y	Y			
			033	Urology	100.0	0.0	7.0	Y	1	16	Y	Y			
			034	Vascular Surgery	100.0	0.0	16.6	Y	1	13	Y	Y			
			035	Cardiothoracic Surgery	79.7	20.3	34.6	N	1	7	Y	N			
			Metro	Madison, NY	33360	S03	Primary Care	100.0	0.0	3.5	Y	3	340	Y	Y
						007	Allergy and Immunology	96.5	3.5	17.9	Y	1	18	Y	Y
						008	Cardiology	100.0	0.0	7.4	Y	1	236	Y	Y
						010	Chiropractor	100.0	0.0	4.8	Y	1	178	Y	Y
						011	Dermatology	97.9	2.1	17.1	Y	1	28	Y	Y
						012	Endocrinology	100.0	0.0	12.5	Y	1	5	Y	Y
						013	ENT/Otolaryngology	100.0	0.0	10.9	Y	1	68	Y	Y
						014	Gastroenterology	100.0	0.0	8.0	Y	1	92	Y	Y
						015	General Surgery	100.0	0.0	8.0	Y	1	109	Y	Y
						016	Gynecology, OB/GYN	100.0	0.0	7.5	Y	1	195	Y	Y
						017	Infectious Diseases	100.0	0.0	16.5	Y	1	10	Y	Y
						018	Nephrology	100.0	0.0	10.6	Y	1	47	Y	Y
						019	Neurology	100.0	0.0	11.1	Y	1	148	Y	Y
						020	Neurosurgery	100.0	0.0	20.3	Y	1	39	Y	Y
						021	Oncology - Medical, Surgical	100.0	0.0	10.1	Y	1	60	Y	Y
						022	Oncology - Radiation/Radiation Onc...	100.0	0.0	11.5	Y	1	70	Y	Y
						023	Ophthalmology	100.0	0.0	7.9	Y	1	97	Y	Y
						025	Orthopedic Surgery	100.0	0.0	8.0	Y	1	202	Y	Y
						026	Physiatry, Rehabilitative Medicine	100.0	0.0	11.0	Y	1	76	Y	Y
027	Plastic Surgery	100.0				0.0	12.5	Y	1	26	Y	Y			
028	Podiatry	100.0	0.0	6.1	Y	1	129	Y	Y						
029	Psychiatry	100.0	0.0	9.7	Y	1	118	Y	Y						
030	Pulmonology	100.0	0.0	8.3	Y	1	68	Y	Y						
031	Rheumatology	100.0	0.0	11.1	Y	1	18	Y	Y						

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Metro	Madison, NY	33360	033	Urology	100.0	0.0	8.2	Y	1	85	Y	Y		
			034	Vascular Surgery	100.0	0.0	8.2	Y	1	38	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	16.1	Y	1	35	Y	Y		
			Oneida, NY	33510	S03	Primary Care	97.8	2.2	2.5	Y	10	165	Y	Y
					007	Allergy and Immunology	96.7	3.3	10.8	Y	1	13	Y	Y
					008	Cardiology	94.6	5.4	5.7	Y	2	138	Y	Y
					010	Chiropractor	100.0	0.0	3.0	Y	1	158	Y	Y
					011	Dermatology	96.8	3.2	11.0	Y	1	22	Y	Y
					012	Endocrinology	99.9	0.1	18.4	Y	1	5	Y	Y
					013	ENT/Otolaryngology	99.7	0.3	6.4	Y	1	58	Y	Y
					014	Gastroenterology	99.7	0.3	6.3	Y	1	85	Y	Y
					015	General Surgery	94.2	5.8	5.7	Y	2	33	Y	Y
					016	Gynecology, OB/GYN	100.0	0.0	4.9	Y	1	192	Y	Y
			017	Infectious Diseases	100.0	0.0	23.1	Y	1	12	Y	Y		
			018	Nephrology	99.7	0.3	9.3	Y	1	44	Y	Y		
	019	Neurology	100.0	0.0	5.5	Y	1	143	Y	Y				
	020	Neurosurgery	100.0	0.0	6.3	Y	1	42	Y	Y				
	021	Oncology - Medical, Surgical	99.7	0.3	6.3	Y	2	55	Y	Y				
	022	Oncology - Radiation/Radiation Onc...	100.0	0.0	5.9	Y	1	70	Y	Y				
	023	Ophthalmology	95.0	5.0	5.5	Y	2	23	Y	Y				
	025	Orthopedic Surgery	95.2	4.8	5.3	Y	2	103	Y	Y				
	026	Physiatry, Rehabilitative Medicine	99.6	0.4	7.3	Y	1	71	Y	Y				
	027	Plastic Surgery	99.9	0.1	10.8	Y	1	26	Y	Y				
	028	Podiatry	100.0	0.0	3.8	Y	2	115	Y	Y				
	029	Psychiatry	99.8	0.2	5.4	Y	1	119	Y	Y				
	030	Pulmonology	99.8	0.2	5.6	Y	1	58	Y	Y				
	031	Rheumatology	99.9	0.1	10.2	Y	1	18	Y	Y				
	033	Urology	99.7	0.3	5.9	Y	1	72	Y	Y				
	034	Vascular Surgery	100.0	0.0	9.9	Y	1	41	Y	Y				
	035	Cardiothoracic Surgery	99.6	0.4	11.8	Y	1	35	Y	Y				
	Onondaga, NY	33520	S03	Primary Care	99.7	0.3	1.7	Y	18	347	Y	Y		
			007	Allergy and Immunology	100.0	0.0	6.4	Y	1	21	Y	Y		
			008	Cardiology	100.0	0.0	3.3	Y	3	207	Y	Y		
			010	Chiropractor	100.0	0.0	1.8	Y	2	164	Y	Y		
			011	Dermatology	100.0	0.0	4.6	Y	2	31	Y	Y		
012			Endocrinology	100.0	0.0	9.0	Y	1	5	Y	Y			
013			ENT/Otolaryngology	100.0	0.0	3.9	Y	1	76	Y	Y			
014			Gastroenterology	100.0	0.0	3.7	Y	2	88	Y	Y			
015			General Surgery	100.0	0.0	3.9	Y	3	106	Y	Y			
016	Gynecology, OB/GYN	100.0	0.0	2.9	Y	1	182	Y	Y					

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Metro	Onondaga, NY	33520	017	Infectious Diseases	100.0	0.0	7.1	Y	1	9	Y	Y		
			018	Nephrology	100.0	0.0	4.8	Y	1	42	Y	Y		
			019	Neurology	100.0	0.0	4.4	Y	2	124	Y	Y		
			020	Neurosurgery	100.0	0.0	5.1	Y	1	34	Y	Y		
			021	Oncology - Medical, Surgical	100.0	0.0	6.1	Y	2	58	Y	Y		
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	7.0	Y	1	69	Y	Y		
			023	Ophthalmology	100.0	0.0	3.4	Y	3	84	Y	Y		
			025	Orthopedic Surgery	100.0	0.0	3.2	Y	3	190	Y	Y		
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	4.0	Y	1	58	Y	Y		
			027	Plastic Surgery	100.0	0.0	4.8	Y	1	16	Y	Y		
			028	Podiatry	100.0	0.0	2.5	Y	2	109	Y	Y		
			029	Psychiatry	100.0	0.0	3.7	Y	2	112	Y	Y		
			030	Pulmonology	100.0	0.0	4.4	Y	2	60	Y	Y		
			031	Rheumatology	100.0	0.0	7.3	Y	1	17	Y	Y		
			033	Urology	100.0	0.0	4.3	Y	2	75	Y	Y		
			034	Vascular Surgery	100.0	0.0	5.4	Y	1	31	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	7.5	Y	1	26	Y	Y		
			Oswego, NY	33560	S03	Primary Care	99.3	0.7	3.7	Y	5	301	Y	Y
					007	Allergy and Immunology	100.0	0.0	25.7	Y	1	16	Y	Y
					008	Cardiology	100.0	0.0	6.2	Y	1	241	Y	Y
					010	Chiropractor	100.0	0.0	5.8	Y	1	146	Y	Y
					011	Dermatology	100.0	0.0	25.6	Y	1	30	Y	Y
					012	Endocrinology	77.7	22.3	30.6	N	1	5	Y	N
					013	ENT/Otolaryngology	99.1	0.9	12.7	Y	1	69	Y	Y
					014	Gastroenterology	100.0	0.0	6.2	Y	1	78	Y	Y
					015	General Surgery	90.9	9.1	9.9	Y	1	110	Y	Y
					016	Gynecology, OB/GYN	99.7	0.3	8.9	Y	1	182	Y	Y
					017	Infectious Diseases	100.0	0.0	14.0	Y	1	9	Y	Y
					018	Nephrology	100.0	0.0	7.4	Y	1	38	Y	Y
					019	Neurology	69.7	30.3	24.8	N	1	117	Y	N
					020	Neurosurgery	100.0	0.0	25.1	Y	1	38	Y	Y
					021	Oncology - Medical, Surgical	100.0	0.0	13.5	Y	1	60	Y	Y
					022	Oncology - Radiation/Radiation Onc...	100.0	0.0	13.0	Y	1	69	Y	Y
					023	Ophthalmology	88.6	11.4	12.6	N	1	94	Y	N
					025	Orthopedic Surgery	90.9	9.1	9.6	Y	1	188	Y	Y
026	Physiatry, Rehabilitative Medicine	100.0			0.0	24.1	Y	1	68	Y	Y			
027	Plastic Surgery	100.0			0.0	25.8	Y	1	15	Y	Y			
028	Podiatry	100.0	0.0	5.0	Y	1	102	Y	Y					
029	Psychiatry	100.0	0.0	6.9	Y	1	117	Y	Y					
030	Pulmonology	100.0	0.0	12.9	Y	1	76	Y	Y					

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Metro	Oswego, NY	33560	031	Rheumatology	100.0	0.0	30.2	Y	1	15	Y	Y		
			033	Urology	97.0	3.0	13.1	Y	1	71	Y	Y		
			034	Vascular Surgery	100.0	0.0	26.3	Y	1	31	Y	Y		
			035	Cardiothoracic Surgery	83.4	16.6	30.8	N	1	25	Y	N		
			Tompkins, NY	33730	S03	Primary Care	97.8	2.2	2.6	Y	4	114	Y	Y
					007	Allergy and Immunology	100.0	0.0	5.9	Y	1	20	Y	Y
					008	Cardiology	100.0	0.0	4.9	Y	1	24	Y	Y
					010	Chiropractor	100.0	0.0	3.9	Y	1	73	Y	Y
					011	Dermatology	100.0	0.0	5.8	Y	1	30	Y	Y
					012	Endocrinology	83.0	17.0	36.3	N	1	9	Y	N
	013	ENT/Otolaryngology			100.0	0.0	4.9	Y	1	43	Y	Y		
	014	Gastroenterology			100.0	0.0	6.3	Y	1	50	Y	Y		
	015	General Surgery			100.0	0.0	4.9	Y	1	17	Y	Y		
	016	Gynecology, OB/GYN			100.0	0.0	5.7	Y	1	67	Y	Y		
	017	Infectious Diseases	100.0	0.0	7.4	Y	1	23	Y	Y				
	018	Nephrology	100.0	0.0	6.1	Y	1	23	Y	Y				
	019	Neurology	100.0	0.0	5.8	Y	1	35	Y	Y				
	020	Neurosurgery	100.0	0.0	7.3	Y	1	44	Y	Y				
	021	Oncology - Medical, Surgical	100.0	0.0	5.9	Y	1	28	Y	Y				
	022	Oncology - Radiation/Radiation Onc...	100.0	0.0	7.1	Y	1	54	Y	Y				
023	Ophthalmology	100.0	0.0	6.4	Y	1	5	Y	Y					
025	Orthopedic Surgery	100.0	0.0	6.5	Y	1	33	Y	Y					
026	Physiatry, Rehabilitative Medicine	100.0	0.0	7.1	Y	1	8	Y	Y					
027	Plastic Surgery	100.0	0.0	7.2	Y	1	29	Y	Y					
028	Podiatry	100.0	0.0	4.7	Y	1	59	Y	Y					
029	Psychiatry	100.0	0.0	5.8	Y	1	33	Y	Y					
030	Pulmonology	100.0	0.0	7.1	Y	1	51	Y	Y					
031	Rheumatology	100.0	0.0	6.0	Y	1	23	Y	Y					
033	Urology	100.0	0.0	6.3	Y	1	34	Y	Y					
034	Vascular Surgery	100.0	0.0	7.1	Y	1	39	Y	Y					
035	Cardiothoracic Surgery	96.4	3.6	33.8	Y	1	39	Y	Y					
Micro	Chenango, NY	33080	S03	Primary Care	100.0	0.0	4.6	Y	3	225	Y	Y		
			007	Allergy and Immunology	100.0	0.0	32.0	Y	1	37	Y	Y		
			008	Cardiology	100.0	0.0	9.0	Y	1	197	Y	Y		
			010	Chiropractor	100.0	0.0	6.0	Y	1	263	Y	Y		
			011	Dermatology	100.0	0.0	30.4	Y	1	51	Y	Y		
			012	Endocrinology	100.0	0.0	44.0	Y	1	11	Y	Y		
			013	ENT/Otolaryngology	100.0	0.0	26.0	Y	1	108	Y	Y		
014	Gastroenterology	100.0	0.0	11.6	Y	1	124	Y	Y					

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			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met				
Micro	Chenango, NY	33080	015	General Surgery	100.0	0.0	8.8	Y	1	97	Y	Y			
			016	Gynecology, OB/GYN	100.0	0.0	8.3	Y	1	274	Y	Y			
			017	Infectious Diseases	100.0	0.0	22.0	Y	1	27	Y	Y			
			018	Nephrology	100.0	0.0	11.2	Y	1	72	Y	Y			
			019	Neurology	100.0	0.0	24.9	Y	1	173	Y	Y			
			020	Neurosurgery	100.0	0.0	27.2	Y	1	60	Y	Y			
			021	Oncology - Medical, Surgical	100.0	0.0	11.6	Y	1	79	Y	Y			
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	31.4	Y	1	95	Y	Y			
			023	Ophthalmology	100.0	0.0	12.2	Y	1	66	Y	Y			
			025	Orthopedic Surgery	100.0	0.0	11.0	Y	1	184	Y	Y			
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	25.6	Y	1	86	Y	Y			
			027	Plastic Surgery	100.0	0.0	20.9	Y	1	43	Y	Y			
			028	Podiatry	100.0	0.0	6.3	Y	1	183	Y	Y			
			029	Psychiatry	100.0	0.0	25.9	Y	1	132	Y	Y			
			030	Pulmonology	100.0	0.0	21.9	Y	1	85	Y	Y			
			031	Rheumatology	100.0	0.0	11.7	Y	1	30	Y	Y			
			033	Urology	100.0	0.0	21.0	Y	1	109	Y	Y			
			034	Vascular Surgery	100.0	0.0	11.1	Y	1	54	Y	Y			
			035	Cardiothoracic Surgery	100.0	0.0	15.6	Y	1	50	Y	Y			
				Clinton, NY	33090	S03	Primary Care	99.6	0.4	4.5	Y	4	237	Y	Y
						007	Allergy and Immunology	5.3	94.7	73.5	N	1	2	Y	N
						008	Cardiology	100.0	0.0	10.0	Y	1	123	Y	Y
						010	Chiropractor	100.0	0.0	8.3	Y	1	26	Y	Y
						011	Dermatology	100.0	0.0	8.7	Y	1	24	Y	Y
						012	Endocrinology	100.0	0.0	30.6	Y	1	2	Y	Y
						013	ENT/Otolaryngology	100.0	0.0	10.2	Y	1	17	Y	Y
						014	Gastroenterology	100.0	0.0	9.6	Y	1	17	Y	Y
						015	General Surgery	100.0	0.0	8.8	Y	1	48	Y	Y
						016	Gynecology, OB/GYN	100.0	0.0	8.6	Y	1	73	Y	Y
						017	Infectious Diseases	100.0	0.0	9.4	Y	1	14	Y	Y
						018	Nephrology	100.0	0.0	9.9	Y	1	18	Y	Y
						019	Neurology	100.0	0.0	10.3	Y	1	46	Y	Y
			020	Neurosurgery	100.0	0.0	10.5	Y	1	7	Y	Y			
			021	Oncology - Medical, Surgical	100.0	0.0	10.0	Y	1	33	Y	Y			
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	10.2	Y	1	14	Y	Y			
023	Ophthalmology	100.0	0.0	9.5	Y	1	42	Y	Y						
025	Orthopedic Surgery	100.0	0.0	9.9	Y	1	39	Y	Y						
026	Physiatry, Rehabilitative Medicine	100.0	0.0	9.5	Y	1	14	Y	Y						
027	Plastic Surgery	100.0	0.0	8.7	Y	1	9	Y	Y						
028	Podiatry	100.0	0.0	7.6	Y	1	12	Y	Y						

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All Beneficiaries														
County Class	County	County SSA	Specialty		Access Requirements ¹				Provider Requirements ³			Met Overall		
			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met			
Micro	Clinton, NY	33090	029	Psychiatry	100.0	0.0	7.9	Y	1	55	Y	Y		
			030	Pulmonology	100.0	0.0	9.8	Y	1	32	Y	Y		
			031	Rheumatology	100.0	0.0	29.9	Y	1	9	Y	Y		
			033	Urology	100.0	0.0	10.1	Y	1	26	Y	Y		
			034	Vascular Surgery	100.0	0.0	9.6	Y	1	10	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	9.2	Y	1	11	Y	Y		
			Cortland, NY	33210	S03	Primary Care	100.0	0.0	3.1	Y	2	291	Y	Y
					007	Allergy and Immunology	100.0	0.0	6.8	Y	1	39	Y	Y
					008	Cardiology	100.0	0.0	6.2	Y	1	269	Y	Y
					010	Chiropractor	100.0	0.0	4.6	Y	1	278	Y	Y
					011	Dermatology	100.0	0.0	7.5	Y	1	54	Y	Y
					012	Endocrinology	100.0	0.0	32.9	Y	1	11	Y	Y
					013	ENT/Otolaryngology	100.0	0.0	5.8	Y	1	119	Y	Y
					014	Gastroenterology	100.0	0.0	6.2	Y	1	130	Y	Y
					015	General Surgery	100.0	0.0	5.6	Y	1	143	Y	Y
	016	Gynecology, OB/GYN			100.0	0.0	4.3	Y	1	295	Y	Y		
	017	Infectious Diseases			100.0	0.0	6.3	Y	1	27	Y	Y		
	018	Nephrology			100.0	0.0	6.0	Y	1	80	Y	Y		
	019	Neurology			100.0	0.0	6.5	Y	1	145	Y	Y		
	020	Neurosurgery			100.0	0.0	22.0	Y	1	64	Y	Y		
	021	Oncology - Medical, Surgical			100.0	0.0	6.2	Y	1	73	Y	Y		
	022	Oncology - Radiation/Radiation Onc...			100.0	0.0	6.6	Y	1	89	Y	Y		
	023	Ophthalmology			100.0	0.0	5.9	Y	1	106	Y	Y		
	025	Orthopedic Surgery			100.0	0.0	6.1	Y	1	249	Y	Y		
	026	Physiatry, Rehabilitative Medicine			100.0	0.0	6.3	Y	1	86	Y	Y		
	027	Plastic Surgery			100.0	0.0	21.7	Y	1	45	Y	Y		
	028	Podiatry	100.0	0.0	5.5	Y	1	169	Y	Y				
	029	Psychiatry	100.0	0.0	5.5	Y	1	124	Y	Y				
	030	Pulmonology	100.0	0.0	5.8	Y	1	81	Y	Y				
	031	Rheumatology	100.0	0.0	7.2	Y	1	30	Y	Y				
	033	Urology	100.0	0.0	20.6	Y	1	104	Y	Y				
	034	Vascular Surgery	100.0	0.0	21.8	Y	1	53	Y	Y				
	035	Cardiothoracic Surgery	100.0	0.0	30.0	Y	1	50	Y	Y				
	Franklin, NY	33270	S03	Primary Care	100.0	0.0	3.9	Y	3	62	Y	Y		
			007	Allergy and Immunology	100.0	0.0	42.0	Y	1	2	Y	Y		
008			Cardiology	100.0	0.0	10.7	Y	1	58	Y	Y			
010			Chiropractor	100.0	0.0	9.0	Y	1	40	Y	Y			
011			Dermatology	96.4	3.6	38.8	Y	1	26	Y	Y			
012			Endocrinology	87.3	12.7	65.7	N	1	2	Y	N			
013			ENT/Otolaryngology	100.0	0.0	24.1	Y	1	18	Y	Y			

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County Class	County	County SSA	Specialty		Access Requirements ¹				Provider Requirements ³			Met Overall		
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Micro	Franklin, NY	33270	014	Gastroenterology	97.6	2.4	31.6	Y	1	24	Y	Y		
			015	General Surgery	100.0	0.0	11.1	Y	1	30	Y	Y		
			016	Gynecology, OB/GYN	100.0	0.0	6.6	Y	1	90	Y	Y		
			017	Infectious Diseases	100.0	0.0	46.9	Y	1	18	Y	Y		
			018	Nephrology	98.2	1.8	36.9	Y	1	23	Y	Y		
			019	Neurology	100.0	0.0	36.0	Y	1	50	Y	Y		
			020	Neurosurgery	100.0	0.0	45.2	Y	1	12	Y	Y		
			021	Oncology - Medical, Surgical	100.0	0.0	11.9	Y	1	33	Y	Y		
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	20.5	Y	1	18	Y	Y		
			023	Ophthalmology	100.0	0.0	10.9	Y	1	24	Y	Y		
			025	Orthopedic Surgery	100.0	0.0	13.2	Y	1	24	Y	Y		
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	43.7	Y	1	17	Y	Y		
			027	Plastic Surgery	100.0	0.0	47.4	Y	1	10	Y	Y		
			028	Podiatry	100.0	0.0	11.9	Y	1	14	Y	Y		
			029	Psychiatry	100.0	0.0	11.7	Y	1	62	Y	Y		
			030	Pulmonology	100.0	0.0	11.2	Y	1	34	Y	Y		
			031	Rheumatology	100.0	0.0	31.2	Y	1	10	Y	Y		
			033	Urology	100.0	0.0	12.1	Y	1	25	Y	Y		
			034	Vascular Surgery	100.0	0.0	32.6	Y	1	16	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	32.8	Y	1	11	Y	Y		
			Herkimer, NY	33320	S03	Primary Care	100.0	0.0	3.8	Y	3	179	Y	Y
					007	Allergy and Immunology	100.0	0.0	10.1	Y	1	24	Y	Y
					008	Cardiology	100.0	0.0	7.4	Y	1	154	Y	Y
					010	Chiropractor	100.0	0.0	6.7	Y	1	241	Y	Y
					011	Dermatology	96.1	3.9	19.6	Y	1	24	Y	Y
					012	Endocrinology	100.0	0.0	36.5	Y	1	5	Y	Y
					013	ENT/Otolaryngology	100.0	0.0	18.7	Y	1	81	Y	Y
					014	Gastroenterology	99.5	0.5	18.7	Y	1	59	Y	Y
					015	General Surgery	100.0	0.0	7.6	Y	1	65	Y	Y
					016	Gynecology, OB/GYN	100.0	0.0	7.4	Y	1	291	Y	Y
					017	Infectious Diseases	100.0	0.0	10.0	Y	1	20	Y	Y
					018	Nephrology	100.0	0.0	9.1	Y	1	64	Y	Y
					019	Neurology	100.0	0.0	8.5	Y	1	57	Y	Y
					020	Neurosurgery	100.0	0.0	8.0	Y	1	50	Y	Y
021	Oncology - Medical, Surgical	96.1			3.9	9.7	Y	1	41	Y	Y			
022	Oncology - Radiation/Radiation Onc...	100.0			0.0	18.6	Y	1	90	Y	Y			
023	Ophthalmology	100.0			0.0	8.7	Y	1	38	Y	Y			
025	Orthopedic Surgery	100.0	0.0	8.4	Y	1	79	Y	Y					
026	Physiatry, Rehabilitative Medicine	100.0	0.0	9.4	Y	1	90	Y	Y					
027	Plastic Surgery	100.0	0.0	11.8	Y	1	42	Y	Y					

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Micro	Herkimer, NY	33320	028	Podiatry	100.0	0.0	8.2	Y	1	94	Y	Y		
			029	Psychiatry	100.0	0.0	17.1	Y	1	45	Y	Y		
			030	Pulmonology	96.4	3.6	17.6	Y	1	58	Y	Y		
			031	Rheumatology	100.0	0.0	21.4	Y	1	33	Y	Y		
			033	Urology	99.3	0.7	9.5	Y	1	37	Y	Y		
			034	Vascular Surgery	100.0	0.0	18.6	Y	1	56	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	9.9	Y	1	40	Y	Y		
			Jefferson, NY	33330	S03	Primary Care	99.8	0.2	4.7	Y	4	78	Y	Y
					007	Allergy and Immunology	100.0	0.0	12.0	Y	1	14	Y	Y
					008	Cardiology	100.0	0.0	8.0	Y	1	54	Y	Y
					010	Chiropractor	100.0	0.0	8.7	Y	1	157	Y	Y
					011	Dermatology	100.0	0.0	10.7	Y	1	36	Y	Y
					012	Endocrinology	100.0	0.0	51.8	Y	1	5	Y	Y
					013	ENT/Otolaryngology	100.0	0.0	10.9	Y	1	70	Y	Y
					014	Gastroenterology	100.0	0.0	10.2	Y	1	43	Y	Y
	015	General Surgery			100.0	0.0	7.8	Y	1	28	Y	Y		
	016	Gynecology, OB/GYN			100.0	0.0	7.8	Y	1	200	Y	Y		
	017	Infectious Diseases			100.0	0.0	10.7	Y	1	12	Y	Y		
	018	Nephrology			100.0	0.0	8.8	Y	1	41	Y	Y		
	019	Neurology			100.0	0.0	12.8	Y	1	105	Y	Y		
	020	Neurosurgery			100.0	0.0	10.7	Y	1	40	Y	Y		
	021	Oncology - Medical, Surgical			100.0	0.0	12.5	Y	1	39	Y	Y		
	022	Oncology - Radiation/Radiation Onc...			100.0	0.0	12.5	Y	1	70	Y	Y		
	023	Ophthalmology			100.0	0.0	9.2	Y	1	20	Y	Y		
	025	Orthopedic Surgery			100.0	0.0	10.3	Y	1	19	Y	Y		
	026	Physiatry, Rehabilitative Medicine			100.0	0.0	13.0	Y	1	59	Y	Y		
	027	Plastic Surgery			100.0	0.0	12.4	Y	1	17	Y	Y		
	028	Podiatry	100.0	0.0	7.7	Y	1	64	Y	Y				
	029	Psychiatry	100.0	0.0	9.2	Y	1	102	Y	Y				
	030	Pulmonology	100.0	0.0	13.2	Y	1	20	Y	Y				
	031	Rheumatology	100.0	0.0	12.4	Y	1	17	Y	Y				
	033	Urology	100.0	0.0	11.5	Y	1	47	Y	Y				
	034	Vascular Surgery	100.0	0.0	12.3	Y	1	33	Y	Y				
	035	Cardiothoracic Surgery	76.5	23.5	69.1	N	1	28	Y	N				
	Montgomery, NY	33380	S03	Primary Care	100.0	0.0	2.8	Y	3	150	Y	Y		
007			Allergy and Immunology	100.0	0.0	9.0	Y	1	5	Y	Y			
008			Cardiology	100.0	0.0	7.0	Y	1	135	Y	Y			
010			Chiropractor	100.0	0.0	6.4	Y	1	105	Y	Y			
011			Dermatology	100.0	0.0	20.9	Y	1	15	Y	Y			
012			Endocrinology	51.8	48.2	69.8	N	1	5	Y	N			

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Micro	Montgomery, NY	33380	013	ENT/Otolaryngology	100.0	0.0	8.6	Y	1	14	Y	Y			
			014	Gastroenterology	100.0	0.0	8.1	Y	1	34	Y	Y			
			015	General Surgery	100.0	0.0	7.4	Y	1	38	Y	Y			
			016	Gynecology, OB/GYN	100.0	0.0	6.0	Y	1	126	Y	Y			
			017	Infectious Diseases	100.0	0.0	35.7	Y	1	10	Y	Y			
			018	Nephrology	100.0	0.0	7.4	Y	1	29	Y	Y			
			019	Neurology	100.0	0.0	7.7	Y	1	57	Y	Y			
			020	Neurosurgery	100.0	0.0	35.6	Y	1	37	Y	Y			
			021	Oncology - Medical, Surgical	100.0	0.0	8.3	Y	1	37	Y	Y			
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	9.0	Y	1	66	Y	Y			
			023	Ophthalmology	100.0	0.0	7.6	Y	1	63	Y	Y			
			025	Orthopedic Surgery	100.0	0.0	7.7	Y	1	49	Y	Y			
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	6.8	Y	1	37	Y	Y			
			027	Plastic Surgery	100.0	0.0	19.7	Y	1	27	Y	Y			
			028	Podiatry	100.0	0.0	6.0	Y	1	68	Y	Y			
			029	Psychiatry	100.0	0.0	8.1	Y	1	30	Y	Y			
			030	Pulmonology	100.0	0.0	9.8	Y	1	54	Y	Y			
			031	Rheumatology	100.0	0.0	24.5	Y	1	26	Y	Y			
			033	Urology	100.0	0.0	7.8	Y	1	30	Y	Y			
			034	Vascular Surgery	100.0	0.0	8.7	Y	1	43	Y	Y			
			035	Cardiothoracic Surgery	100.0	0.0	35.6	Y	1	35	Y	Y			
				Otsego, NY	33570	S03	Primary Care	100.0	0.0	5.6	Y	3	146	Y	Y
						007	Allergy and Immunology	100.0	0.0	18.5	Y	1	30	Y	Y
						008	Cardiology	100.0	0.0	7.7	Y	1	100	Y	Y
						010	Chiropractor	100.0	0.0	6.8	Y	1	238	Y	Y
						011	Dermatology	100.0	0.0	18.4	Y	1	20	Y	Y
						012	Endocrinology	100.0	0.0	55.9	Y	1	5	Y	Y
						013	ENT/Otolaryngology	100.0	0.0	15.1	Y	1	91	Y	Y
						014	Gastroenterology	100.0	0.0	8.8	Y	1	77	Y	Y
						015	General Surgery	100.0	0.0	7.6	Y	1	54	Y	Y
						016	Gynecology, OB/GYN	100.0	0.0	7.8	Y	1	284	Y	Y
						017	Infectious Diseases	100.0	0.0	18.4	Y	1	20	Y	Y
						018	Nephrology	100.0	0.0	8.7	Y	1	65	Y	Y
						019	Neurology	100.0	0.0	8.4	Y	1	65	Y	Y
			020	Neurosurgery	100.0	0.0	8.8	Y	1	52	Y	Y			
021	Oncology - Medical, Surgical	100.0	0.0	9.4	Y	1	51	Y	Y						
022	Oncology - Radiation/Radiation Onc...	100.0	0.0	18.7	Y	1	80	Y	Y						
023	Ophthalmology	100.0	0.0	8.4	Y	1	35	Y	Y						
025	Orthopedic Surgery	100.0	0.0	8.4	Y	1	67	Y	Y						
026	Physiatry, Rehabilitative Medicine	100.0	0.0	8.3	Y	1	85	Y	Y						

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			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met			
Micro	Otsego, NY	33570	027	Plastic Surgery	100.0	0.0	8.2	Y	1	43	Y	Y		
			028	Podiatry	100.0	0.0	7.5	Y	1	126	Y	Y		
			029	Psychiatry	100.0	0.0	9.2	Y	1	51	Y	Y		
			030	Pulmonology	100.0	0.0	18.5	Y	1	70	Y	Y		
			031	Rheumatology	100.0	0.0	16.2	Y	1	35	Y	Y		
			033	Urology	100.0	0.0	8.7	Y	1	48	Y	Y		
			034	Vascular Surgery	100.0	0.0	7.9	Y	1	54	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	8.1	Y	1	46	Y	Y		
			Schuyler, NY	33670	S03	Primary Care	100.0	0.0	5.6	Y	1	219	Y	Y
					007	Allergy and Immunology	100.0	0.0	18.5	Y	1	27	Y	Y
					008	Cardiology	100.0	0.0	6.7	Y	1	87	Y	Y
					010	Chiropractor	100.0	0.0	5.6	Y	1	153	Y	Y
					011	Dermatology	100.0	0.0	14.8	Y	1	39	Y	Y
					012	Endocrinology	100.0	0.0	17.5	Y	1	9	Y	Y
					013	ENT/Otolaryngology	100.0	0.0	14.7	Y	1	93	Y	Y
	014	Gastroenterology			100.0	0.0	16.4	Y	1	83	Y	Y		
	015	General Surgery			100.0	0.0	6.9	Y	1	70	Y	Y		
	016	Gynecology, OB/GYN			100.0	0.0	7.0	Y	1	187	Y	Y		
	017	Infectious Diseases			100.0	0.0	16.1	Y	1	25	Y	Y		
	018	Nephrology			100.0	0.0	17.8	Y	1	63	Y	Y		
	019	Neurology			100.0	0.0	15.2	Y	1	45	Y	Y		
	020	Neurosurgery			100.0	0.0	14.5	Y	1	50	Y	Y		
	021	Oncology - Medical, Surgical			100.0	0.0	6.8	Y	1	41	Y	Y		
	022	Oncology - Radiation/Radiation Onc...			100.0	0.0	17.7	Y	1	65	Y	Y		
	023	Ophthalmology			100.0	0.0	15.8	Y	1	49	Y	Y		
	025	Orthopedic Surgery			100.0	0.0	6.3	Y	1	106	Y	Y		
	026	Physiatry, Rehabilitative Medicine			100.0	0.0	17.8	Y	1	46	Y	Y		
	027	Plastic Surgery			100.0	0.0	17.8	Y	1	31	Y	Y		
	028	Podiatry	100.0	0.0	15.2	Y	1	100	Y	Y				
	029	Psychiatry	100.0	0.0	17.3	Y	1	45	Y	Y				
	030	Pulmonology	100.0	0.0	6.2	Y	1	69	Y	Y				
	031	Rheumatology	100.0	0.0	19.1	Y	1	24	Y	Y				
	033	Urology	100.0	0.0	16.5	Y	1	51	Y	Y				
	034	Vascular Surgery	100.0	0.0	18.2	Y	1	41	Y	Y				
	035	Cardiothoracic Surgery	100.0	0.0	20.3	Y	1	41	Y	Y				
St. Lawrence, NY	33630	S03	Primary Care	99.7	0.3	4.0	Y	5	96	Y	Y			
		007	Allergy and Immunology	100.0	0.0	17.8	Y	1	5	Y	Y			
		008	Cardiology	99.7	0.3	11.9	Y	1	54	Y	Y			
		010	Chiropractor	100.0	0.0	6.3	Y	1	47	Y	Y			
		011	Dermatology	99.9	0.1	16.9	Y	1	8	Y	Y			

Adequacy Detail By County SSA

August 27, 2020

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 Medicare Sample Beneficiaries 2020
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All Beneficiaries															
County Class	County	County SSA	Specialty		Access Requirements ¹				Provider Requirements ³			Met Overall			
			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met				
Micro	St. Lawrence, NY	33630	012	Endocrinology	12.4	87.6	88.5	N	1	3	Y	N			
			013	ENT/Otolaryngology	100.0	0.0	11.5	Y	1	13	Y	Y			
			014	Gastroenterology	99.9	0.1	11.6	Y	1	13	Y	Y			
			015	General Surgery	100.0	0.0	6.7	Y	1	38	Y	Y			
			016	Gynecology, OB/GYN	100.0	0.0	7.0	Y	1	73	Y	Y			
			017	Infectious Diseases	100.0	0.0	24.5	Y	1	18	Y	Y			
			018	Nephrology	100.0	0.0	15.2	Y	1	15	Y	Y			
			019	Neurology	99.6	0.4	11.9	Y	1	10	Y	Y			
			020	Neurosurgery	100.0	0.0	21.7	Y	1	50	Y	Y			
			021	Oncology - Medical, Surgical	100.0	0.0	15.4	Y	1	11	Y	Y			
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	15.4	Y	1	21	Y	Y			
			023	Ophthalmology	99.7	0.3	8.3	Y	1	33	Y	Y			
			025	Orthopedic Surgery	99.4	0.6	10.9	Y	1	31	Y	Y			
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	17.9	Y	1	10	Y	Y			
			027	Plastic Surgery	100.0	0.0	61.7	Y	1	14	Y	Y			
			028	Podiatry	100.0	0.0	14.7	Y	1	16	Y	Y			
			029	Psychiatry	100.0	0.0	10.8	Y	1	21	Y	Y			
			030	Pulmonology	100.0	0.0	18.1	Y	1	11	Y	Y			
			031	Rheumatology	100.0	0.0	21.7	Y	1	10	Y	Y			
			033	Urology	100.0	0.0	20.9	Y	1	8	Y	Y			
			034	Vascular Surgery	100.0	0.0	26.1	Y	1	14	Y	Y			
			035	Cardiothoracic Surgery	95.4	4.6	62.1	Y	1	11	Y	Y			
				Steuben, NY	33690	S03	Primary Care	100.0	0.0	4.8	Y	5	158	Y	Y
						007	Allergy and Immunology	100.0	0.0	22.3	Y	1	26	Y	Y
						008	Cardiology	100.0	0.0	6.8	Y	1	78	Y	Y
						010	Chiropractor	100.0	0.0	6.5	Y	1	95	Y	Y
						011	Dermatology	97.0	3.0	22.1	Y	1	18	Y	Y
						012	Endocrinology	100.0	0.0	22.9	Y	1	9	Y	Y
						013	ENT/Otolaryngology	100.0	0.0	7.7	Y	1	57	Y	Y
						014	Gastroenterology	100.0	0.0	12.1	Y	1	47	Y	Y
						015	General Surgery	100.0	0.0	7.3	Y	1	59	Y	Y
						016	Gynecology, OB/GYN	100.0	0.0	10.0	Y	1	106	Y	Y
						017	Infectious Diseases	100.0	0.0	29.3	Y	1	24	Y	Y
						018	Nephrology	100.0	0.0	10.3	Y	1	37	Y	Y
						019	Neurology	100.0	0.0	10.1	Y	1	28	Y	Y
020	Neurosurgery	100.0				0.0	7.3	Y	1	50	Y	Y			
021	Oncology - Medical, Surgical	100.0				0.0	11.4	Y	1	19	Y	Y			
022	Oncology - Radiation/Radiation Onc...	100.0				0.0	16.8	Y	1	65	Y	Y			
023	Ophthalmology	100.0				0.0	9.3	Y	1	45	Y	Y			
025	Orthopedic Surgery	100.0	0.0	6.2	Y	1	96	Y	Y						

Adequacy Detail By County SSA

August 27, 2020

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Medicare Sample Beneficiaries 2020

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HMO Blue

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All Beneficiaries														
County Class	County	County SSA	Specialty		Access Requirements ¹				Provider Requirements ³			Met Overall		
			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met			
Micro	Steuben, NY	33690	026	Physiatry, Rehabilitative Medicine	100.0	0.0	22.3	Y	1	11	Y	Y		
			027	Plastic Surgery	100.0	0.0	15.8	Y	1	30	Y	Y		
			028	Podiatry	100.0	0.0	7.0	Y	1	41	Y	Y		
			029	Psychiatry	100.0	0.0	10.5	Y	1	24	Y	Y		
			030	Pulmonology	100.0	0.0	12.5	Y	1	39	Y	Y		
			031	Rheumatology	100.0	0.0	16.5	Y	1	23	Y	Y		
			033	Urology	100.0	0.0	6.7	Y	1	32	Y	Y		
			034	Vascular Surgery	100.0	0.0	22.3	Y	1	37	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	22.3	Y	1	39	Y	Y		
			Tioga, NY	33720	S03	Primary Care	100.0	0.0	3.9	Y	3	431	Y	Y
					007	Allergy and Immunology	100.0	0.0	11.5	Y	1	35	Y	Y
					008	Cardiology	100.0	0.0	7.9	Y	1	129	Y	Y
					010	Chiropractor	100.0	0.0	6.7	Y	1	211	Y	Y
					011	Dermatology	100.0	0.0	7.4	Y	1	39	Y	Y
					012	Endocrinology	100.0	0.0	33.2	Y	1	11	Y	Y
	013	ENT/Otolaryngology			100.0	0.0	13.1	Y	1	110	Y	Y		
	014	Gastroenterology			100.0	0.0	13.7	Y	1	88	Y	Y		
	015	General Surgery			100.0	0.0	11.6	Y	1	92	Y	Y		
	016	Gynecology, OB/GYN			100.0	0.0	6.7	Y	1	237	Y	Y		
	017	Infectious Diseases			100.0	0.0	13.4	Y	1	26	Y	Y		
	018	Nephrology			100.0	0.0	12.3	Y	1	66	Y	Y		
	019	Neurology			100.0	0.0	10.8	Y	1	43	Y	Y		
	020	Neurosurgery			100.0	0.0	12.2	Y	1	53	Y	Y		
	021	Oncology - Medical, Surgical			100.0	0.0	13.3	Y	1	39	Y	Y		
	022	Oncology - Radiation/Radiation Onc...			100.0	0.0	13.5	Y	1	80	Y	Y		
	023	Ophthalmology			100.0	0.0	10.5	Y	1	56	Y	Y		
	025	Orthopedic Surgery			100.0	0.0	12.3	Y	1	126	Y	Y		
	026	Physiatry, Rehabilitative Medicine			100.0	0.0	13.6	Y	1	63	Y	Y		
	027	Plastic Surgery			100.0	0.0	14.0	Y	1	41	Y	Y		
	028	Podiatry	100.0	0.0	6.9	Y	1	113	Y	Y				
	029	Psychiatry	100.0	0.0	6.8	Y	1	46	Y	Y				
	030	Pulmonology	100.0	0.0	11.8	Y	1	52	Y	Y				
	031	Rheumatology	100.0	0.0	14.0	Y	1	31	Y	Y				
	033	Urology	100.0	0.0	8.2	Y	1	52	Y	Y				
	034	Vascular Surgery	100.0	0.0	13.5	Y	1	51	Y	Y				
035	Cardiothoracic Surgery	100.0	0.0	14.0	Y	1	48	Y	Y					
Rural	Delaware, NY	33220	S03	Primary Care	100.0	0.0	5.1	Y	3	224	Y	Y		
			007	Allergy and Immunology	100.0	0.0	35.4	Y	1	34	Y	Y		
			008	Cardiology	100.0	0.0	13.3	Y	1	234	Y	Y		

Adequacy Detail By County SSA

August 27, 2020

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			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met				
Rural	Delaware, NY	33220	010	Chiropractor	100.0	0.0	8.0	Y	1	216	Y	Y			
			011	Dermatology	100.0	0.0	29.7	Y	1	40	Y	Y			
			012	Endocrinology	90.9	9.1	75.2	Y	1	11	Y	Y			
			013	ENT/Otolaryngology	100.0	0.0	24.3	Y	1	87	Y	Y			
			014	Gastroenterology	100.0	0.0	22.8	Y	1	100	Y	Y			
			015	General Surgery	100.0	0.0	19.4	Y	1	122	Y	Y			
			016	Gynecology, OB/GYN	100.0	0.0	19.9	Y	1	276	Y	Y			
			017	Infectious Diseases	100.0	0.0	34.7	Y	1	28	Y	Y			
			018	Nephrology	100.0	0.0	23.5	Y	1	69	Y	Y			
			019	Neurology	100.0	0.0	23.7	Y	1	72	Y	Y			
			020	Neurosurgery	100.0	0.0	24.4	Y	1	58	Y	Y			
			021	Oncology - Medical, Surgical	100.0	0.0	23.9	Y	1	53	Y	Y			
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	35.5	Y	1	86	Y	Y			
			023	Ophthalmology	100.0	0.0	17.4	Y	1	89	Y	Y			
			025	Orthopedic Surgery	100.0	0.0	21.4	Y	1	151	Y	Y			
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	24.2	Y	1	78	Y	Y			
			027	Plastic Surgery	100.0	0.0	23.1	Y	1	45	Y	Y			
			028	Podiatry	100.0	0.0	11.4	Y	1	145	Y	Y			
			029	Psychiatry	100.0	0.0	24.5	Y	1	56	Y	Y			
			030	Pulmonology	100.0	0.0	35.2	Y	1	76	Y	Y			
			031	Rheumatology	100.0	0.0	33.4	Y	1	39	Y	Y			
			033	Urology	100.0	0.0	23.9	Y	1	58	Y	Y			
			034	Vascular Surgery	100.0	0.0	17.4	Y	1	57	Y	Y			
			035	Cardiothoracic Surgery	100.0	0.0	20.2	Y	1	50	Y	Y			
				Essex, NY	33260	S03	Primary Care	100.0	0.0	3.5	Y	2	254	Y	Y
						007	Allergy and Immunology	44.7	55.3	74.5	N	1	3	Y	N
						008	Cardiology	100.0	0.0	11.2	Y	1	150	Y	Y
						010	Chiropractor	100.0	0.0	10.9	Y	1	65	Y	Y
						011	Dermatology	100.0	0.0	36.5	Y	1	33	Y	Y
						012	Endocrinology	100.0	0.0	40.8	Y	1	2	Y	Y
						013	ENT/Otolaryngology	100.0	0.0	25.6	Y	1	27	Y	Y
						014	Gastroenterology	100.0	0.0	20.9	Y	1	32	Y	Y
						015	General Surgery	100.0	0.0	27.1	Y	1	63	Y	Y
						016	Gynecology, OB/GYN	100.0	0.0	14.3	Y	1	165	Y	Y
						017	Infectious Diseases	100.0	0.0	40.6	Y	1	19	Y	Y
	018	Nephrology	100.0			0.0	37.2	Y	1	35	Y	Y			
	019	Neurology	100.0			0.0	34.7	Y	1	61	Y	Y			
	020	Neurosurgery	100.0			0.0	40.7	Y	1	25	Y	Y			
	021	Oncology - Medical, Surgical	100.0			0.0	11.3	Y	1	41	Y	Y			
	022	Oncology - Radiation/Radiation Onc...	100.0			0.0	39.8	Y	1	35	Y	Y			

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County Class	County	County SSA	Specialty		Access Requirements ¹				Provider Requirements ³			Met Overall		
			Code	Description	With %	W/o %	Avg Dist ²	Met	Req'd	Svc'g	Met			
Rural	Essex, NY	33260	023	Ophthalmology	100.0	0.0	26.0	Y	1	64	Y	Y		
			025	Orthopedic Surgery	100.0	0.0	22.7	Y	1	66	Y	Y		
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	37.4	Y	1	30	Y	Y		
			027	Plastic Surgery	100.0	0.0	38.1	Y	1	16	Y	Y		
			028	Podiatry	100.0	0.0	11.0	Y	1	31	Y	Y		
			029	Psychiatry	100.0	0.0	22.2	Y	1	68	Y	Y		
			030	Pulmonology	100.0	0.0	11.2	Y	1	36	Y	Y		
			031	Rheumatology	100.0	0.0	27.9	Y	1	19	Y	Y		
			033	Urology	100.0	0.0	29.2	Y	1	32	Y	Y		
			034	Vascular Surgery	100.0	0.0	25.6	Y	1	20	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	29.1	Y	1	13	Y	Y		
			Lewis, NY	33340	S03	Primary Care	100.0	0.0	5.5	Y	1	155	Y	Y
					007	Allergy and Immunology	100.0	0.0	29.8	Y	1	25	Y	Y
					008	Cardiology	100.0	0.0	11.0	Y	1	313	Y	Y
					010	Chiropractor	100.0	0.0	9.4	Y	1	236	Y	Y
	011	Dermatology			100.0	0.0	29.8	Y	1	34	Y	Y		
	012	Endocrinology			100.0	0.0	40.8	Y	1	5	Y	Y		
	013	ENT/Otolaryngology			100.0	0.0	19.7	Y	1	85	Y	Y		
	014	Gastroenterology			100.0	0.0	19.6	Y	1	95	Y	Y		
	015	General Surgery			100.0	0.0	10.9	Y	1	143	Y	Y		
	016	Gynecology, OB/GYN			100.0	0.0	8.1	Y	1	265	Y	Y		
	017	Infectious Diseases			100.0	0.0	21.2	Y	1	15	Y	Y		
	018	Nephrology			100.0	0.0	11.3	Y	1	65	Y	Y		
	019	Neurology			100.0	0.0	15.4	Y	1	128	Y	Y		
	020	Neurosurgery			100.0	0.0	11.1	Y	1	46	Y	Y		
	021	Oncology - Medical, Surgical			100.0	0.0	28.4	Y	1	59	Y	Y		
	022	Oncology - Radiation/Radiation Onc...			100.0	0.0	28.3	Y	1	83	Y	Y		
	023	Ophthalmology			100.0	0.0	11.7	Y	1	116	Y	Y		
	025	Orthopedic Surgery			100.0	0.0	12.0	Y	1	228	Y	Y		
	026	Physiatry, Rehabilitative Medicine			100.0	0.0	29.5	Y	1	81	Y	Y		
	027	Plastic Surgery			100.0	0.0	30.8	Y	1	31	Y	Y		
	028	Podiatry	100.0	0.0	10.8	Y	1	126	Y	Y				
	029	Psychiatry	100.0	0.0	11.5	Y	1	130	Y	Y				
	030	Pulmonology	100.0	0.0	27.8	Y	1	57	Y	Y				
	031	Rheumatology	100.0	0.0	30.7	Y	1	30	Y	Y				
033	Urology	100.0	0.0	19.6	Y	1	81	Y	Y					
034	Vascular Surgery	100.0	0.0	30.1	Y	1	51	Y	Y					
035	Cardiothoracic Surgery	100.0	0.0	51.6	Y	1	37	Y	Y					

Excellus BCBS: HMO Blue 25

Coverage Period: 01/01/2021-12/31/2021

A nonprofit independent licensee of the BlueCross BlueShield Association

Coverage for: Family | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-499-1275 or visit Our website at www.excellusbcs.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or www.healthcare.gov/sbc-glossary or call 1-800-499-1275 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes, Preventive Care	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: \$6,350 Individual/\$12,700 Family; Out-of-Network: Not Applicable	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Costs for premiums , balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.excellusbcs.com or call 1-800-499-1275 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 Copay /visit	Not Covered	None
	Specialist visit	\$40 Copay /visit	Not Covered	
	Preventive care/screening/immunization	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge	Adult Physical: Not Covered Adult Immunizations: Not Covered Well Child Visit: Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. 1 Exam per year
If you have a test	Diagnostic test (x-ray, blood work)	X-Ray: \$40 Copay /visit Blood Work: No Charge	X-Ray: Not Covered Blood Work: Not Covered	None
	Imaging (CT/PET scans, MRIs)	\$40 Copay /visit	Not Covered	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.excellusbcb.com/rxlist	Tier 1 (Generic drugs)	\$10/prescription retail, \$20/prescription mail order	Not Covered	Covers up to a 30-day supply (retail); 90-day supply (mail order)/prescription Preauthorization required for certain prescription drugs . If you don't get a preauthorization , you must pay the entire cost of the drug. Specialty drugs must be filled by a Designated Pharmacy. Specialty drugs are not eligible for mail order.
	Tier 2 (Preferred brand drugs)	\$30/prescription retail, \$60/prescription mail order	Not Covered	
	Tier 3 (Non-preferred brand drugs)	\$50/prescription retail, \$100/prescription mail order	Not Covered	
	Specialty drugs	\$10/30/50/prescription retail	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$50 Copay	Not Covered	None
	Physician/surgeon fees	\$40/surgery Copay	Not Covered	
If you need immediate medical attention	Emergency room care	\$100 Copay /visit	\$100 Copay /visit	None
	Emergency medical transportation	\$100 Copay /visit	\$100 Copay /visit	None
	Urgent care	\$35 Copay /visit	Not Covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	None
	Physician/surgeon fees	20% Coinsurance up to \$200	Not Covered	\$200 Maximum Coinsurance per surgery
If you need mental health,	Outpatient services	\$25 Copay /visit	Not Covered	None

* For more information about limitations and exceptions, see [plan](#) or policy document at www.excellusbcb.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
behavioral health, or substance abuse services	Inpatient services	No Charge	Not Covered	
If you are pregnant	Office visits	No Charge	Not Covered	Cost sharing does not apply for preventive services .
	Childbirth/delivery professional services	20% Coinsurance up to \$200	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.). Depending on the type of services, a copayment , coinsurance , or deductible may apply. \$200 Maximum Coinsurance per childbirth/delivery
	Childbirth/delivery facility services	No Charge	Not Covered	None
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	40 Visits per plan year limit
	Rehabilitation services	\$40 Copay /visit	Not Covered	30 Visits combined with habilitation Per Plan Year limit
	Habilitation services	\$40 Copay /visit	Not Covered	30 Visits combined with rehabilitation PerPlan Yr limit
	Skilled nursing care	No Charge	Not Covered	45 Days Per Plan Year limit
	Durable medical equipment	50% Coinsurance	Not Covered	None
	Hospice services	No Charge	Not Covered	210 Days per Plan Year limit Family bereavement counseling limited to 5 Visits Per Plan Year
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Long-term care
- Routine eye care (Child)
- Dental care (Adult)
- Private-duty nursing
- Weight loss programs
- Dental care (Child)
- Routine eye care (Adult)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery
- Infertility treatment
- Chiropractic care
- Hearing aids

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the phone number on Your ID card or www.excellusbcs.com; Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; New York State Department of Financial Services Consumer Assistance Unit at 1-800-342-3736 or www.dfs.ny.gov. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Consumer Assistance Program at 1-888-614-5400, or e-mail cha@cssny.org or www.communityhealthadvocates.org. A list of states with Consumer Assistance Programs is available at: www.dol.gov/ebsa/healthreform and www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$0
■ Other coinsurance	50%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,820
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$180
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$240

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$0
■ Other coinsurance	50%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,460
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$1,470
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$1,530

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$0
■ Other coinsurance	50%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,970
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$400
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$500

Notice of Nondiscrimination

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The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-421-1220
Fax: 315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意: 如果您说中文, 我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlop la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אפנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-499-1275 or visit Our website at www.excellusbcs.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or www.healthcare.gov/sbc-glossary or call 1-800-499-1275 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Yes, Preventive Care	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	In-Network: \$6,350 Individual/\$12,700 Family; Out-of-Network: Not Applicable	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Costs for premiums , balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.excellusbcs.com or call 1-800-499-1275 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 Copay /visit	Not Covered	None
	Specialist visit	\$40 Copay /visit	Not Covered	
	Preventive care/screening/immunization	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge	Adult Physical: Not Covered Adult Immunizations: Not Covered Well Child Visit: Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. 1 Exam per year
If you have a test	Diagnostic test (x-ray, blood work)	X-Ray: \$40 Copay /visit Blood Work: No Charge	X-Ray: Not Covered Blood Work: Not Covered	None
	Imaging (CT/PET scans, MRIs)	\$40 Copay /visit	Not Covered	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.excellusbcbcs.com/rxlist	Tier 1 (Generic drugs)	Not Covered	Not Covered	None Preauthorization required for certain prescription drugs . If you don't get a preauthorization , you must pay the entire cost of the drug.
	Tier 2 (Preferred brand drugs)	Not Covered	Not Covered	
	Tier 3 (Non-preferred brand drugs)	Not Covered	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$50 Copay	Not Covered	None
	Physician/surgeon fees	\$40/surgery Copay	Not Covered	
If you need immediate medical attention	Emergency room care	\$100 Copay /visit	\$100 Copay /visit	None
	Emergency medical transportation	\$100 Copay /visit	\$100 Copay /visit	None
	Urgent care	\$35 Copay /visit	Not Covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	None
	Physician/surgeon fees	20% Coinsurance up to \$200	Not Covered	\$200 Maximum Coinsurance per surgery
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 Copay /visit	Not Covered	None
	Inpatient services	No Charge	Not Covered	
If you are pregnant	Office visits	No Charge	Not Covered	Cost sharing does not apply for preventive services .

* For more information about limitations and exceptions, see [plan](#) or policy document at www.excellusbcbcs.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	20% Coinsurance up to \$200	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.). Depending on the type of services, a copayment , coinsurance , or deductible may apply. \$200 Maximum Coinsurance per childbirth
	Childbirth/delivery facility services	No Charge	Not Covered	None
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	40 Visits per plan year limit
	Rehabilitation services	\$40 Copay /visit	Not Covered	30 Visits combined with habilitation Per Plan Year limit
	Habilitation services	\$40 Copay /visit	Not Covered	30 Visits combined with rehabilitation PerPlan Yr limit
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If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|----------------------------|----------------------------|------------------------|
| • Acupuncture | • Dental care (Adult) | • Dental care (Child) |
| • Long-term care | • Prescription Drugs | • Private-duty nursing |
| • Routine eye care (Adult) | • Routine eye care (Child) | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|-------------------------|---------------------|----------------|
| • Bariatric surgery | • Chiropractic care | • Hearing aids |
| • Infertility treatment | | |

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Does this plan provide Minimum Essential Coverage? Yes

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Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$0
■ Other coinsurance	50%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,820
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$180
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$80
The total Peg would pay is	\$260

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$0
■ Other coinsurance	50%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,460
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$1,470
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$370
The total Joe would pay is	\$1,840

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$0
■ Other coinsurance	50%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,970
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$400
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$500

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention : If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contámos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anviyòp la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per saperne come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איך אומזיסטעט שפראך הילף אונערלעבל פאר אייך ביטע רעפערירט צום בייגלעייגטן דאקומענט צו זען אופנים זיך צו פארבריינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংস্কৃত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée.

Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalalip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuini dokumentit bashkëlidhur për mënyra se si të na kontaktoni.



A nonprofit independent licensee of the BlueCross BlueShield Association

**2021 NYSHIP
Side-by-Side Benefit Comparison for HMO Blue \$25 Copay Option and
Medicare Blue HMO-Medicare Advantage**

Benefit	HMO Blue \$25 Copay Option	Medicare Blue Choice HMO Medicare Advantage
Plan Type	HMO	HMO-POS
Annual out-of-pocket Maximum	Single \$6,350 Family \$12,700	\$3,400 in-network
Primary Care Office Visit	\$25 copay	\$5 copay
Specialist Office Visit	\$40 copay	\$20 copay
Diagnostic Lab & Path	Covered in full	Covered in full
Diagnostic Imaging	\$40 copay	\$20 copay
Inpatient Surgery - Hospital	Covered in full	Covered in full
Inpatient Surgery - Physician	20% coinsurance or \$200 copay	Covered in full
Outpatient Surgery	\$50 copay (facility); \$40 copay (physician)	\$50 copay (facility); \$20 copay (physician)
Outpatient Medicare Part B Prescription Drug	\$50 copay (facility); \$40 copay (physician)	20% coinsurance
Hearing Aid Allowance	Covered in Full for up to 2 hearing aids every 3 years for children to age 19	\$699 or \$999 copay per hearing aid. Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered
Chiropractic	\$40 copay	\$5 copay
Outpatient Mental Health	\$25 copay	20% coinsurance
Outpatient Chemical Dependence	\$25 copay	20% coinsurance
Emergency Room	\$100 copay	\$50 copay
Ambulance	\$100 copay	\$35 copay
Dental	No coverage	Coverage for preventative services only (up to 2 cleanings, 2 x-rays, 2 exams)
Prescription Drug	\$10/\$30/\$50 per 30-day supply; \$20/\$60/\$100 per 90-day supply through mail order only; coverage for contraceptive drugs included	\$10/\$25/\$40 per 30-day supply; \$20/\$50/\$80 per 90-day supply through mail order and retail pharmacy; coverage for contraceptive drugs not included

Prescription Drug Catastrophic Coverage	No catastrophic coverage	When your total out of pocket for prescriptions reaches \$6500, you will pay \$3.70 for generic and \$9.20 for brand or 5%, whichever is greater
Diabetic Shoes	50% coinsurance, 3 pairs per year	20% coinsurance, 1 pair per year
Diabetic Supplies	\$25 copay for up to a 30 day supply	\$20 copay per item
Routine Eye Exam	Not covered	\$20 copay
Routine Eyewear Allowance	Not covered	\$120 annual allowance
Skilled Nursing Facility	Covered in Full for up to 45 days per admission	\$25 per day, Days 1 - 100
Smoking Cessation	Not covered	Covered in Full
Medical Nutritional Therapy	Not covered	Covered in Full
Out-of-Network Coverage	Emergency Care only	20% coinsurance up to \$5,000 coverage
Dental Benefit	Not covered	Coverage for preventative services (cleanings, x-rays, exams) only
Health and Wellness	Discounts available through Blue365 Program	Silver&Fit® membership to participating fitness facilities and \$150 annual allowance to use at nonparticipating fitness facilities
Acupuncture	Not covered	50% coinsurance for 20 visits with a diagnosis of chronic low back pain, 10 visits for all other diagnosis
Contraceptive Devices	Applicable Rx copay applies	No coverage
Telemedicine Medical – MD Live	Covered in Full	\$20 copay
Telemedicine Behavioral Health – MD Live	Covered in Full	20% co-insurance
Travel Benefits	Benefits available through BlueCard and Away from Home Care	20% co-insurance, up to \$5,000 dollar max for covered services.

ATTACHMENT 30



Department of Civil Service

“Medicare Advantage (Mc. Blue Choice) Contract Rider and Summary - “Health Maintenance Organizations Specifications for the New York State Health Insurance Program”

Certificate/Group Contract/Rider and/or Amendment Summary

NOTE: Include both Commercial HMO and Medicare Advantage Plan documents

<u>Document Name</u>	<u>Document Number</u>	<u>Status</u> <i>Approved-Final/Pending/Draft</i>	<u>Applicable Plan</u> <i>Commercial HMO/Medicare Advantage</i>	<u>Brief Summary of Purpose</u>
Medicare Advantage with Prescription Drug Evidence of Coverage (WITH DRUG_Mcc-92Y19)	Mcc-92Y20	Pending-Draft CY2021 document not available yet	Medicare Advantage	CMS required description of services and benefits
Medicare Advantage without Prescription Drug Evidence of Coverage (NO DRUG_Mcc-92ZY19)	Mcc-92ZY20	Pending-Draft CY2021 document not available yet	Medicare Advantage	CMS required description of services and benefits

Excellus BlueCross BlueShield, Rochester Region
July 27, 2020

October, 2020

Dear Excellus BlueCross BlueShield Member:

Excellus BCBS is honored to offer coverage to New York State employees and retirees. As you consider your 2021 health care options, we want you to know that we value you as a member.

Each year, Excellus BCBS challenges itself to find new ways to make certain that our members continue to have affordable, high quality health care. Please see the following pages for the differences between your current coverage and the new coverage effective **January 1, 2021**.

Your **HMO Blue** benefits will continue to offer cost-saving enhancements and innovative programs, many available online at ExcellusBCBS.com. Some of the benefits are:

- **Telemedicine via our partner MDLIVE**
 - Faster access to healthcare for non-emergency medical and behavioral health conditions
 - Visit with a U.S. board certified doctor from your home or office
 - **Covered in full for all members**
- **Labs and pathology services are covered in full**
- Telehealth provided by your HMO Blue Doctor is covered in full
- \$25 doctor PCP visits
- Well child care and hospitalization covered in full
- More than 4,700 doctors and health care professionals to choose from with 100% local hospital participation
- Free Healthy Perks
 - Discounts and daily deals with Blue365®
 - 24/7 Nurse Call Line
- Guest Membership and our BlueCard program provide routine and urgent coverage while traveling, for students away at school, or for families living apart

We're pleased that members enrolled in **HMO Blue**, like you, are satisfied with the coverage and service you receive. More than 95 percent of our members say they would choose **HMO Blue** again. Your eligibility guidelines may be different from those guidelines listed in the contract. Please refer to your NYSHIP General Information Book for these guidelines or visit the New York State Department of Civil Service's website at www.cs.ny.gov.

We welcome you to contact us with any questions you may have regarding your new benefits. For more information, please contact our Member Services at 1-585-454-4810 or toll free at 1-800-462-0108. We look forward to serving you again in 2020.

Sincerely,



Nicholas Carbone
Account Manager, National Accounts

November, 2020

Dear Excellus BlueCross BlueShield Member:

Excellus BCBS is honored to offer coverage to New York State employees and retirees. As you consider your 2021 health care options, we want you to know that we value you as a member.

Each year Excellus BCBS challenges itself to find new ways to make certain that our members continue to have affordable, high quality health care. We are pleased to provide you with information regarding the **Medicare Blue Choice Plan** for Retirees **eligible for Medicare Part A and enrolled in Part B**, effective January 1, 2021.

Your **Medicare Blue Choice** benefits will continue to offer cost-saving enhancements and innovative programs such as:

- \$5 primary care visit, \$20 specialist visit.
- Inpatient hospitalization and lab services covered in full.
- Over 4,700 doctors and healthcare professionals to choose from with 100% local hospital participation.
- Fully covered mammograms, immunizations, prostate cancer screening, bone mass and pelvic exams.
- Routine eyewear allowance of \$120 annually.
- You pay 50 percent of the cost for up to 20 acupuncture visits for low back pain
- Travel benefit for routine care out of area.
- Worldwide emergency and urgent care coverage.
- Access to our 24-hour Nurse Hotline and a Personal Health Coach

You can also take advantage of our **Silver&Fit**[®] exercise and healthy aging program administered by American Specialty Health Fitness, Inc. an independent company, on behalf of Excellus BCBS, which is designed to help you get in shape and stay healthy. You can join a participating fitness club or exercise center; or receive \$150 to access non-contracted fitness facilities. For members who choose to exercise at home or are unable to participate in a fitness facility, there is the Silver&Fit[®] Home Fitness Program.

When you or your covered dependents become eligible for Primary Medicare coverage, you or your covered dependents must be enrolled in Medicare Part A and Part B to be eligible to enroll in Medicare Blue Choice for 2021, or you can refer to your NYSHIP 2021 CHOICES guide or contact the New York State Employee Benefits Division for additional health care options. All covered services, as those listed above must be obtained through a Medicare Blue Choice participating provider with the exception of emergency or urgently needed services.

Your eligibility guidelines may be different from those guidelines listed in the contract. Please refer to your NYSHIP General Information Book for these guidelines or visit the New York State Department of Civil Service's Web site at www.cs.state.ny.us.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, provider network and/or co-payments/co-insurance may change on January 1 of each year.

Excellus BCBS is an HMO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

We welcome you to contact us with any questions you may have regarding your 2021 benefits. For more information call 1-877-883-9577 (TTY/TDD 1-800-662-1220), Monday through Friday, 8 a.m. to 8 p.m. If you are calling between October 1 and March 31, representatives are available seven days a week from 8 a.m. to 8 p.m.

Sincerely,



Nicholas Carbone
Account Manager, National Accounts

Enclosures

The Silver&Fit Healthy Aging and Exercise 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 BCBS. All programs and services are not available in all areas. Silver&Fit is a federally registered trademark of ASH.



Department of
Civil Service

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Commissioner

September 21, 2020

VIA ELECTRONIC MAIL & US POSTAL MAIL

Mary Bowe
Regional Vice President of Sales
Excellus BlueCross BlueShield
165 Court Street
Rochester, New York 14647
Mary.Bowe@excellusbcbs.com

RE: RE: Communications Clarification Request
Solicitation entitled "Health Maintenance Organizations Specifications for the New York State
Health Insurance Program"

Dear Ms. Bowe:

On July 24, 2020, Excellus BlueCross BlueShield (dba HMOBlue) submitted a proposal in response to the Department of Civil Service's above solicitation. Upon review, the Department identified the following sections of your proposal that require clarification:

2021 NYSHIP Choices Publication:

1. **Choices, Commercial and MAP:** Logo files - While the logo files previously submitted for the HMOBlue *Choices* pages meet the outlined specifications, we would prefer to include color versions of all HMO logos in the 2021 books. Please provide color versions of the files.

A response to this request is due no later than September 25, 2020.

Sincerely,



Daniel Yanulavich
Director, Employee Insurance Programs
Employee Benefits Division

From: Nicholas Carbone <Nicholas.Carbone@excellus.com>
Sent: Friday, October 2, 2020 11:03 AM
To: Johnson, Seth R (CS) <Seth.Johnson@cs.ny.gov>
Cc: Casella-Evans, Tricia (CS) <Tricia.Casella-Evans@cs.ny.gov>; Anderson, Erik J (CS) <Erik.Anderson@cs.ny.gov>; Mongerard, Andrise (CS) <Andrise.Mongerard@cs.ny.gov>
Subject: RE: HMOBlue and Blue Choice - 2021 Submission Choices Question letters

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Will these work?

These are older products and we rarely use product logos on our book of business anymore.

Nick

Nicholas Carbone
Account Manager, National Accounts
Ph 585-399-6650
Cell 585-506-6217
Fx 585-238-4348



A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

From: Johnson, Seth R (CS) <Seth.Johnson@cs.ny.gov>
Sent: Friday, October 2, 2020 10:16 AM
To: Nicholas Carbone <Nicholas.Carbone@excellus.com>
Cc: Casella-Evans, Tricia (CS) <Tricia.Casella-Evans@cs.ny.gov>; Anderson, Erik J (CS) <Erik.Anderson@cs.ny.gov>; Mongerard, Andrise (CS) <Andrise.Mongerard@cs.ny.gov>
Subject: [EXT] RE: HMOBlue and Blue Choice - 2021 Submission Choices Question letters

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Nick,

Please provide an update on the logos – do you have an estimate on when we may be receiving them?

- Seth

From: Nicholas Carbone <Nicholas.Carbone@excellus.com>
Sent: Wednesday, September 30, 2020 4:58 PM
To: Johnson, Seth R (CS) <Seth.Johnson@cs.ny.gov>
Cc: Casella-Evans, Tricia (CS) <Tricia.Casella-Evans@cs.ny.gov>; Anderson, Erik J (CS) <Erik.Anderson@cs.ny.gov>; Mongerard, Andrise (CS) <Andrise.Mongerard@cs.ny.gov>
Subject: RE: HMOBlue and Blue Choice - 2021 Submission Choices Question letters

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Sorry Seth, The correct e-mail address for Mary Bowe is Mary.Bowe@excellus.com

Let me see if I can get color versions of the logos ASAP

Nick

Nicholas Carbone
Account Manager, National Accounts
Ph 585-399-6650
Cell 585-506-6217
Fx 585-238-4348

From: Johnson, Seth R (CS) <Seth.Johnson@cs.ny.gov>
Sent: Wednesday, September 30, 2020 4:34 PM
To: Nicholas Carbone <Nicholas.Carbone@excellus.com>
Cc: Casella-Evans, Tricia (CS) <Tricia.Casella-Evans@cs.ny.gov>; Anderson, Erik J (CS) <Erik.Anderson@cs.ny.gov>; Mongerard, Andrise (CS) <Andrise.Mongerard@cs.ny.gov>
Subject: [EXT] HMOBlue and Blue Choice - 2021 Submission Choices Question letters
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon,

I'm following up on the attached letters that were sent to Mary Bowe last week with a requested response date of September 25th. Unfortunately, we did not receive an "undeliverable email" error on

this until this afternoon. I've attached the original letters for reference. Please advise when you expect Blue Choice and HMOBlue to provide a response.

- Seth

Seth Johnson

Contract Management

Department of Civil Service

Empire State Plaza, Swan Street Building Core 1, Albany, NY 12239

(518) 402-0364 | Seth.Johnson@cs.ny.gov

www.cs.ny.gov