

HMOBlue - Medicare Advantage

Character count: 3732 out of 4250

Medicare Advantage

Office Visits	\$5 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$20 per visit

Diagnostic/Therapeutic Services

Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	No copayment

Women's Health Care/Reproductive Health

Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$5 PCP; \$20 specialist per visit
Postnatal Visits	\$5 PCP; \$20 specialist per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	No copayment
Family Planning Services	Not covered

Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
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Inpatient Hospital Surgery	No copayment
Physician	
Facility	
Outpatient Surgery	
Hospital	\$50 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$50 per visit
Emergency Department¹	\$50 per visit
Urgent Care Facility²	\$50 per visit
Ambulance	\$35 per trip
Telemedicine	\$20 copay for consult, 20% coinsurance for mental health
Outpatient Mental Health	
Individual	20% coinsurance, unlimited
Group	20% coinsurance, unlimited
Inpatient Mental Health	No copayment, 190 days max per lifetime
Outpatient Drug/Alcohol Rehab	20% coinsurance, unlimited
Inpatient Drug/Alcohol Rehab	No copayment, unlimited
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance

Orthotics ³	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient	No copayment, unlimited
Outpatient Physical or Occupational Therapy	\$20 per visit, unlimited
Outpatient Speech Therapy	\$20 per visit, unlimited
Diabetic Supplies	\$5 per item, for a 30-day supply from a preferred supplier
Retail	
Mail Order	
Insulin and Oral Agents	Applicable Rx copayment
Retail	
Mail Order	
Diabetic Shoes	20% coinsurance , one pair per year when medically necessary
Weight Loss/Bariatric Surgery	Applicable copay applies
Hospice	Covered by Medicare
Skilled Nursing Facility	\$0 copayment per day (days 1-20), \$25 copayment per day (days 21-100) , 100 days max
Prescription Drugs	
Retail	\$10 Tier 1, \$25 Tier 2, \$40 Tier 3, 30-day supply
Mail Order	\$20 Tier 1, \$50 Tier 2, \$80 Tier 3, 90-day supply ⁴
Additional Prescription Drug Related Information	You can order up to a 90-day supply through Express Scripts or Wegmans Mail Order Pharmacies and pay only two copayments. If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference between the cost of the generic and the brand-name drug, plus any applicable copayments.

Specialty Drugs Designated specialty drugs are covered only at a network specialty pharmacy, subject to the same days' supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at www.excellusbcb.com.

Additional Benefits

Dental	Coverage for preventive services only
Vision	\$120 annual eyewear allowance
Hearing Aids	\$699 or \$999 copayment 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.
Out of Area	20% coinsurance up to the annual maximum of \$5,000 for covered services outside the Medicare Blue Choice HMO service area

Additional Benefits HMOs (as applicable)

Routine Eye Exam	\$20 per visit
Health and Wellness	Silver & Fit Program
Medicare Part B Drugs	20% coinsurance

Plan Highlights for 2021 With Medicare Blue Choice, count on us to deliver high-quality coverage. Take advantage of our Silver & Fit Program, designed to help you get in shape, Pay a low \$5 copay for PCP visits and no copaymetn for routine physicals. Save by paying on;y 2 copayments for up to a 90 day supply of prescription drugs through Express Scripts of Wegmans Mail Order Pharmacies

Participating Physicians With more than 3,200 providers available, Medicare Blue Choice HMO offers you more choice of doctors than any other area HMO. Talk to your doctor about whether Medicare Blue Choice HMO is the right plan for you.

Affiliated Hospitals

All operating hospitals in the designated service area are available to you. Others outside the service area are also available. Please call the number provided for a directory or check our website, www.excellusbcb.com.

Pharmacies and Prescriptions

Medicare Blue Choice HMO members may have their prescriptions filled at any of our more than 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card.

We offer an incented formulary.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice HMO, our Medicare Advantage Plan. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary from the copayments of NYSHIP-primary employees.

Plan Mailing Address

Name: HMOBlue

Address: Excellus BlueCross BlueShield
Central New York Region
344 South Warren Street

Address:

City: Syracuse

State: NY

Zip: 13202

Additional Addresses

Information Numbers

Medicare HMOBlue: 1-877-883-9577

TTY: 1-800-662-1220

Website

www.excellusbcbs.com

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 072

A IPA HMO serving individuals living or working in the following select counties:

Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins

NYSHIP Code number 160

A IPA HMO serving individuals living or working in the following select counties:

Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence

Comments for DCS

Enter Comments

Footnotes:

1. Worldwide coverage; waived if admitted within 23 hours.
2. You pay a \$50 copayment for covered services at a medical facility or urgent care center (other than a physician's office). If urgent care is rendered at a physician's office, you pay a \$20 copayment.
3. Covered when there is an underlying medical condition. Requires preauthorization.
4. Copayments shown apply for a 90-day supply dispensed via mail order or retail.