

BlueCross BlueShield of Western New York - Medicare Advantage

Character count: 4244 out of 4250

Medicare Advantage

Office Visits \$10 per visit ¹

Annual Adult
Routine Physicals No copayment

Specialty Office Visits \$30 per visit

Diagnostic/Therapeutic Services

Radiology \$30 per test ²

Lab Tests No copayment ^{2,3}

Pathology No copayment

EKG/EEG \$30 per test

Radiation \$30 per test ²

Chemotherapy No copayment ²

Dialysis No copayment

Women's Health Care/Reproductive Health

Pap Tests No copayment ⁴

Mammograms No copayment ⁴

Prenatal Visits No copayment ⁵

Postnatal Visits No copayment ⁵

Bone Density Tests No copayment ⁴

Breastfeeding
Services and
Equipment No copayment for classes. Equipment not covered.

External
Mastectomy
Prosthesis 20% coinsurance
, one prosthesis per affected breast per year

Family Planning
Services \$10 PCP, \$30 specialist ⁶

Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment ^{6,7}
Contraceptive Devices	Part B Medical: No copayment ^{6,7}
Inpatient Hospital Surgery	No copayment ²
Physician	
Facility	
Outpatient Surgery	
Hospital	\$75 per visit ²
Physician's Office	\$10 PCP/\$30 specialist
Outpatient Surgery Facility	\$75 per visit ²
Emergency Department	\$65 per visit ⁸
Urgent Care Facility	\$35 per visit ⁸
Ambulance	\$100 per trip ²
Telemedicine	No copayment for Doctor on Demand. In-office copay for other providers. ⁹
Outpatient Mental Health	\$40 per visit ²
Individual	
Group	
Inpatient Mental Health	No copayment ^{2,10}
Outpatient Drug/Alcohol Rehab	\$40 per visit, unlimited ²
Inpatient Drug/Alcohol Rehab	No copayment ^{2,10}
Durable Medical Equipment	\$0 compression stockings; 20% coinsurance on all other items ²

Prosthetics	20% coinsurance ^{2, 11}
Orthotics	20% coinsurance ^{2, 11}
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient	No copayment, unlimited ²
Outpatient Physical or Occupational Therapy	\$20 per visit, unlimited
Outpatient Speech Therapy	\$20 per visit, unlimited
Diabetic Supplies	No copayment , Part B coverage: glucose monitors, lancets & test strips
Retail	
Mail Order	
Insulin and Oral Agents	Applicable Rx copayment ^{2, 12}
Retail	
Mail Order	
Diabetic Shoes	No copayment, one pair per year when medically necessary
Weight Loss/Bariatric Surgery	See Outpatient Surgery or Inpatient Hospital Surgery
Hospice	Covered by Medicare
Skilled Nursing Facility	No copayment, 100 days max per benefit period ²
Prescription Drugs	
Retail	\$0 Tier 1, \$15 Tier 2, \$30 Tier 3, \$50 Tier 4, \$50 Tier 5 , 30-day supply ²
Mail Order	\$0 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4, \$100 Tier 5 , 90-day supply ²
Additional Prescription Drug Related Information	Part D Rx Plan: A five-tier drug benefit with coverage through the coverage gap. Members can fill up to a 90-day supply at the pharmacy. Printed formularies mailed upon request.

Specialty Drugs ²

Your provider may supply and inject drugs in the office. These are Medicare-covered Part B drugs and have no copayment. Part D Rx Plan: You pay the applicable tier copayment for specialty drugs.

Additional Benefits

Dental	\$200 allowance
Vision	\$200 allowance (frames, lenses, contacts), \$0 copay for one routine exam per year. 13
Hearing Aids	\$699 copayment per aid/advanced model, \$999 copayment per aid/premium model 14
Out of Area	Plan covers emergency care, urgently-needed care and kidney dialysis services outside the service area

Additional Benefits HMOs (as applicable)

SilverSneakers Fitness Membership	No copayment
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Plan Highlights for 2021 Meals (Post-Discharge), \$0 copay ⁹

Participating Physicians Our network has more than 9,300 physicians and health care professionals.

Affiliated Hospitals All Western New York hospitals are under contract. Members may be directed to other hospitals if medically necessary.

Pharmacies and Prescriptions Part D Rx Plan: Includes a nationwide network of over 67,000 participating pharmacies.

We offer a closed formulary.

Medicare Coverage Medicare-primary NYSHIP enrollees are required to enroll in Senior Blue HMO, our Medicare Advantage Plan. To qualify, you must enroll in Medicare Parts A & B and live in the service area.

Plan Mailing Address

Name: BlueCross BlueShield of Western New York

Address: P.O. Box 80

Address:

City: Buffalo

State: NY

Zip: 14240-0080

Additional Addresses

Information Numbers

Senior Blue HMO members should call: 1-800-329-2792

TTY: 711

Website

www.bcbswny.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 067

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

Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming

Comments for DCS

Footnotes:

1.

<p>\$0 for follow-up visits with your PCP within 14 days of an inpatient or observation discharge.</p>
</p>
2. Prior authorization is required.
3.

<p>All testing must be completed at a Quest Diagnostics lab. Our PCPs/specialists are considered permitted draw sites as long as the testing is completed by Quest.</p>
4. No copayment if preventive.
5. Members pay the PCP copayment for the first visit to confirm pregnancy. Additional maternity/OB GYN visits are \$0. Maternity care, diagnostic tests and lab tests, including genetic, are covered.
6.

<p>Part D Rx Plan: You pay the applicable Rx tier copayment. Oral contraceptives are on our formulary.</p>
7.

<p>No copayment for the device when supplied by your physician. In this scenario, the device is covered under your medical coverage. An office copayment may apply. Part D Rx Plan: You pay the applicable Rx tier copayment at the pharmacy.</p>
8. Worldwide Coverage. Waived if admitted within one day.
9.

<p>See Evidence of Coverage for details</p>
10. 190-day lifetime max applies to services received in a psychiatric hospital, not a general hospital.
11. On all items except diabetic shoes/inserts.
12.

<p>\$0 Part B medical coverage for insulin via pump. Part D Rx tier copayment applies for oral agents and injectable insulin.</p>
13.

<p>\$0 Medicare-covered eyewear after cataract surgery. Must use Davis Vision provider for eyewear, allowance and routine exam.</p>
14.

<p>Limit of two per year (one per ear). You must schedule appointments with TruHearing and use their providers.</p>

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ADD ADDRESS

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TTY

711



Website

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The service areas selected below have been carried over from last year's submission. Please ensure that any service area changes for the upcoming plan year have been approved by NYSHIP before you make updates.

NYSHIP Code number 067

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

- Albany
- Allegany
- Bronx
- Broome
- Cattaraugus
- Cayuga
- Chautauqua
- Chemung
- Chenango
- Clinton
- Columbia
- Cortland

<input type="checkbox"/> Cortland
<input type="checkbox"/> Delaware
<input type="checkbox"/> Dutchess
<input checked="" type="checkbox"/> Erie
<input type="checkbox"/> Essex
<input type="checkbox"/> Franklin
<input type="checkbox"/> Fulton
<input checked="" type="checkbox"/> Genesee
<input type="checkbox"/> Greene
<input type="checkbox"/> Hamilton
<input type="checkbox"/> Herkimer
<input type="checkbox"/> Jefferson
<input type="checkbox"/> Kings
<input type="checkbox"/> Lewis
<input type="checkbox"/> Livingston
<input type="checkbox"/> Madison
<input type="checkbox"/> Monroe
<input type="checkbox"/> Montgomery
<input type="checkbox"/> Nassau

New York

Niagara

Oneida

Onondaga

Ontario

Orange

Orleans

Oswego

Otsego

Putnam

Queens

Rensselaer

Richmond

Rockland

Saratoga

Schenectady

Schoharie

Schuyler

- Seneca
- St. Lawrence
- Steuben
- Suffolk
- Sullivan
- Tioga
- Tompkins
- Ulster
- Warren
- Washington
- Wayne
- Westchester
- Wyoming
- Yates

Comments for DCS

Comments

SAVE

HMO Contact Info

Please make sure this information is complete and accurate.

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