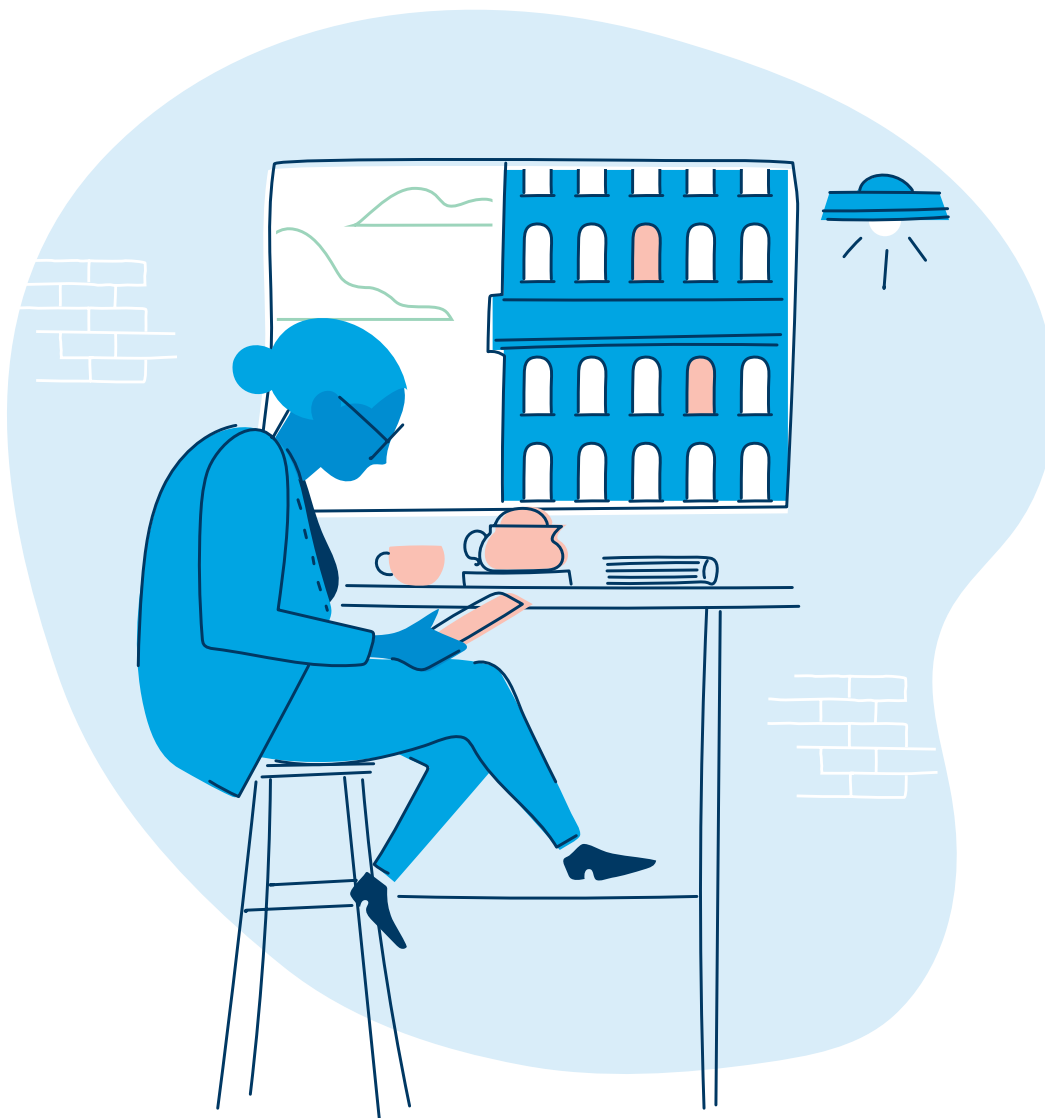


Here's the easy way to pick Medicare coverage that's right for you.



2022 Medicare Advantage
Benefits at a glance

We're here to help.

Call us at 1-800-248-9296 (TTY 711)

October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week

April 1 – September 30, 8 a.m. to 8 p.m., Monday – Friday



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Carry confidence with

Highmark Blue Cross Blue Shield of Western New York Medicare Advantage plans

Our plans provide comprehensive coverage accepted by hospitals, doctors, and specialists at home in Western New York and across the U.S.

They give you the essentials you need, like medical and prescription drug coverage, plus the extra benefits you want. All plans come with our exclusive Blue Total Health package, that includes a number of options to support your overall health and wellness such as dental, vision, fitness, and more.

Plan options giving you choice and affordability

Our **NEW** Senior Blue Basic (HMO) plan

Enjoy comprehensive medical and drug coverage, additional benefits, and get \$50 back every month. This unique benefit comes with our Senior Blue Basic (HMO) plan and puts \$50 back in your Social Security check every month.¹

NEW! Tiered benefit packages provide simplicity when selecting a comprehensive plan personalized to meet your unique needs. Our benefit levels include **Basic**, **Standard**, and **Premium** tiers.

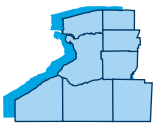
Reliable coverage wherever life takes you

Our plans give you the peace of mind that comes with hassle-free care — wherever and whenever you need it.

Expansive national network

With our PPO plans, including the **\$26 Freedom Nation (PPO)**, you receive the same great care you get at home even when you travel outside of your coverage area.

Pay what you would in-network for all plan-covered services through providers who participate in the Medicare Advantage PPO network-sharing program.²



Full local coverage

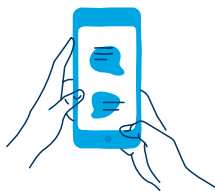
You'll have access to one of the most robust networks in the area, including all Western New York hospitals and most providers and specialists.



Worldwide

All of our plans provide worldwide emergency and urgent care.

- \$65 copay for urgent care
- \$90 for emergency care



Virtual

For convenient nonemergency care, our plans include both telemedicine hosted by Doctor On Demand[®] and telehealth³ visits with your own doctors and specialists.

Doctor On Demand

See a board-certified doctor with the Doctor On Demand app. Doctors are available for virtual appointments 24/7 and at a \$0 copay.

Telehealth³

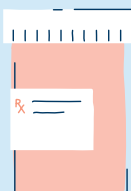
Our telehealth benefit lets you see your local doctor or specialist virtually for the same cost as an **in-person visit**.

Highmark Blue Cross Blue Shield of Western New York

2022 product portfolio

A plan for every lifestyle and budget

	Plan	Premium	Premium with EPIC subsidy ⁴	Part B premium giveback ¹	Primary care doctor	Specialist	Drug deductibles ⁶	Part D prescriptions Tier 1/2/3/4/5 Preferred pharmacy Standard pharmacy
Basic	NEW! Senior Blue Basic (HMO) ⁷	\$0	\$0	\$50	\$15	\$45	\$0 Tiers 1–2 \$350 Tiers 3–5	\$4/\$12/\$42/\$94/27% \$9/\$17/\$47/\$100/27%
Standard	Senior Blue 601 (HMO) ⁷	\$0	\$0	NA	\$5	\$45	NA	NA
	BlueSaver (HMO) ⁷	\$0	\$0	NA	\$5	\$36	\$0 Tiers 1–2 \$290 Tiers 3–5	\$0/\$12/\$42/\$94/28% \$5/\$17/\$47/\$100/28%
	Freedom Nation (PPO) ⁸	\$26	\$0	NA	\$5	\$35	\$0 Tiers 1–2 \$290 Tiers 3–5	\$0/\$12/\$42/\$94/28% \$5/\$17/\$47/\$100/28%
Premium	Senior Blue Select (HMO) ⁷	\$59	\$16.57	NA	\$5	\$30	\$0 Tiers 1–2 \$175 Tiers 3–5	\$2/\$10/\$42/\$94/30% \$7/\$15/\$47/\$100/30%
	Senior Blue 651 (HMO) ⁷	\$121	\$78.57	NA	\$0	\$25	\$0	\$2/\$10/\$42/\$94/33% \$7/\$15/\$47/\$100/33%
	Forever Blue Value (PPO) ⁵	\$146	\$103.57	NA	\$10	\$30	\$0	\$4/\$10/\$42/\$94/33% \$9/\$15/\$47/\$100/33%
	Forever Blue 751 (PPO) ⁸	\$205	\$162.57	NA	\$5	\$25	\$0	\$2/\$8/\$42/\$94/33% \$7/\$13/\$47/\$99/33%



\$0 Tier 1 generics with convenient home delivery

- On all 2022 Medicare Advantage plans with Part D prescription drug coverage
- \$0 copay for a 90-day supply of a Tier 1 preferred generic medications delivered for free through Express Scripts® mail order during the initial coverage stage

Inpatient hospital care	Ambulance	X-rays/ advanced radiology (MRI, CAT, PET)	Ambulatory surgery/outpatient hospital	Laboratory services	Physical therapy/ occupational therapy (PT/OT)
\$400 per day for days 1–5, \$2,000 OOP max per year	\$300	\$50/\$225	\$425/\$475	\$10	\$40
\$290 per day for days 1–7, \$2,030 OOP max per year	\$200	\$45/\$150	\$225/\$325	\$0	\$15
\$360 per day for days 1–5, \$1,800 OOP max per year	\$295	\$45/\$175	\$325/\$425	\$5	\$30
\$370 per day for days 1–5, \$1,850 OOP max per year	\$300	\$50/\$200	\$300/\$400	\$5	\$30
\$335 per day for days 1–5, \$1,675 OOP max per year	\$260	\$45/\$175	\$300/\$400	\$5	\$25
\$225 per day for days 1–7, \$1,575 OOP max per year	\$200	\$40/\$150	\$225/\$325	\$5	\$15
\$250 per day for days 1–7 \$1,750 OOP max per year	\$250	\$45/\$150	\$250/\$350	\$5	\$20
\$205 per day for days 1–7, \$1,435 OOP max per year	\$225	\$40/\$150	\$200/\$300	\$5	\$20



Optional supplemental dental plans

Our supplemental dental plans provide enhanced dental coverage for an affordable monthly premium.

	Premium ⁹	Diagnostic and restorative service cost ¹⁰	Annual maximum allowance
Basic	\$12	50% coinsurance	\$500
Enhanced	\$25	50% coinsurance	\$1,000

Unless otherwise noted, costs shown are for service received in-network.

Blue Total Health

Our Blue Total Health package provides you with additional benefits and preventive services to help you stay healthy. This exclusive benefits package includes:

Unless otherwise noted, costs shown are for services received in-network.

NEW! **Routine chiropractor visits**
Members have coverage for routine chiropractor visits through a participating provider

	Basic	Standard	Premium
Copay	\$20	\$20	\$20
Number of visits	3 per year	6 per year	12 per year

NEW! **Acupuncture and massage**
Members receive an annual combined allowance toward reimbursement for acupuncture and massage therapy visits.

	Basic	Standard	Premium
Annual allowance	\$100	\$250	\$500

Preventive dental

Coverage provides reimbursement for cleanings, including periodontal cleaning, two exams, and a set of X-rays annually. This benefit requires no network and can be used at any dental provider.

	Basic	Standard	Premium
Copay per service	\$23 copay	\$10 copay	\$10 copay
Cleaning and exam coverage	1 per year	2 per year	2 per year

Over-the-counter (OTC) products

Members receive quarterly allowance for OTC drugs and supplies with convenient home delivery.¹¹

	Basic	Standard	Premium
Quarterly OTC allowance	Not covered	\$25 per quarter	\$35 per quarter

Vision

Using a Davis Vision network provider helps members get more from their vision benefits.

	Basic	Standard	Premium
Allowance on frames, lenses, and contacts	Not covered	\$100 annual allowance	\$200 annual allowance
Routine eye exam	\$25	\$25	\$25

Hearing

TruHearing® saves members thousands on hearing aids.

	Basic	Standard	Premium
Hearing aids	Not covered	\$699 or \$999 per unit	\$599 or \$899 per unit
Routine hearing exam	Not covered	\$45	\$45



Fitness

All Medicare Advantage plans include the SilverSneakers® no-cost fitness benefit with access to 15,000+ fitness locations nationwide and hundreds of online and virtual classes and resources.



Rewards for preventive services

After completing their annual wellness visit, colon cancer screening, and breast cancer screening,¹² members earn one \$20 Prepaid Card per service (up to \$60 total)¹³ to use at grocery stores and pharmacies.



Low- or no-cost vaccines

Members are covered for important vaccinations at little or no cost.

- \$0 copay for vaccines including COVID-19, flu, pneumonia, and hepatitis[†]
- Coverage for shingles vaccine with Tier 1 copay (copays and coverage vary by plan)



Enhanced diabetes benefits



CMS Part D Senior Savings Model

- Predictable copays for a broad range of insulins covered by the member's Part D benefit: 30-day supply of select insulin for \$30 at a preferred pharmacy or \$35 at a standard pharmacy

Note: Not covered on Senior Blue Basic (HMO) or Senior Blue 601 (HMO)

- \$0 Part B diabetic monitoring supplies including lancets, glucose monitors, and test strips¹⁴

Ways to enroll in a Medicare Advantage plan

- Call to enroll over the phone.
- Meet one-on-one with a consultant who can help you fill out and submit an application.
- Fill out an application and mail it in.

Visit bcbswny.com/enrollmedicare to complete the application online.

We're here to help.

Call us at 1-800-248-9296 (TTY 711) or email SalesCenterWNY@bcbswny.com

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About us

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark BCBSWNY is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. Individuals must have both Parts A and B to enroll in a Medicare Advantage plan. Individuals may enroll in a plan only during specific times of the year. There are additional enrollment guidelines. Contact Highmark BCBSWNY for more information. This information is not a complete description of benefits. Call 1-800-248-9296 (TTY 711) for more information. Out-of-network/noncontracted providers are under no obligation to treat Highmark BCBSWNY members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Doctor On Demand[®] is a separate company that provides telemedicine services to Highmark BCBSWNY members. TruHearing[®] is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit. Davis Vision, an independent company, administers vision benefits on behalf of Highmark BCBSWNY. SilverSneakers[®] is a registered trademark of Tivity Health, Inc. Tivity Health is an independent company that administers the SilverSneakers gym benefit. Express Scripts[®] is a separate company. Other pharmacies, physicians, and providers are available in our network. Highmark BCBSWNY complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-735-4515 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-735-4515 (TTY 711)。

- ¹ Beneficiaries are eligible for a Part B monthly premium giveback if they do not receive Medicaid or any other assistance paying their Part B premium. Beneficiaries must continue paying their Part B premium. It may take a few months for the Part B premium giveback credits to become effective.
- ² You must be enrolled in a PPO plan with the Medicare Advantage PPO network-sharing program to access the Medicare Advantage PPO national network.
- ³ For a full list of covered telehealth services, reference your Evidence of Coverage.
- ⁴ Enrollees who meet income eligibility requirements may qualify for Extra Help from Medicare.
- ⁵ You can receive care from Medicare providers outside of our service area with your out-of-network benefit at a higher cost-share.
- ⁶ Drug deductibles displayed are for non-LIS (Low Income Subsidy) members; LIS members may pay a lower drug deductible.
- ⁷ You must receive all care from plan providers, with limited exceptions.
- ⁸ If you see a participating Medicare Advantage PPO network-sharing provider outside of the service area, you pay your in-network copay. If you receive care from out-of-network providers, your cost may be higher.
- ⁹ Dental premium is in addition to plan and Part B premium.
- ¹⁰ Implants are not included.
- ¹¹ OTC can be ordered online, via phone, mobile app, or mail and are delivered to the member's home.
- ¹² Annual wellness visit, breast cancer screening, and colon cancer screening are covered by any doctor in our network as part of your member benefits, but you may have a copay if your doctor performs other services at your visit.
- ¹³ One Prepaid Card per member, per service, per calendar year. Prepaid Cards may be used at limited merchants including pharmacies, drug stores, grocery stores, wholesale clubs, and discount stores.
- ¹⁴ A \$0 copay applies when using an in-network provider.